

**Managing teenage pregnancies at secondary schools in the Vhembe district,
Limpopo province**

by

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DECLARATION

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I declare that “**Managing teenage pregnancies at secondary schools in the Vhembe district, Limpopo Province**” is my own work, that all sources used or quoted have been indicated and acknowledged by means of complete reference.



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ABSTRACT

Teenage pregnancy in South African schools poses a serious management and leadership challenge. Statistics from Statistics South Africa (2008) reflect the seriousness of this problem in all provinces wherein Mpumalanga, Northern Cape, Limpopo (where this study is situated) and Eastern Cape report high levels of early pregnancy. The main objective of this study was, therefore, to explore the challenges faced by the SMTs regarding teenage pregnancies at secondary schools in the Vhembe District in Limpopo province.

A mixed methods approach was used to collect data from SMTs in schools that are located in Vhembe district. Questionnaires were distributed to the school management teams (SMTs) of different schools. In addition, qualitative data were collected through interviewing the SMTs.

The study findings reflected that management of teenage pregnancy is still a problem at Vhembe District of Education despite the laws and policies that are in place. SMTs also felt that the issue of pregnant learners at schools should be left for medical experts to deal with them.

The study recommends that there ought to be intervention programs including training of SMTs, SGBs and Educators regarding management of teenage pregnancy.

KEY WORDS

- Teenage pregnancy,
- School management teams,
- MDGs and EFA goals,
- Perception,
- Educators,
- Challenges,
- Transformational Leadership

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TABLE OF CONTENTS

INTRODUCTION AND BACKGROUND OF THE STUDY	1
1.1. Introduction	1
1.2. Problem Statement.....	3
1.3. Aims of the study.....	3
1.5 Research Methodology	4
1.6 Limitations.....	5
1.7 Ethical Considerations.....	5
1.8 Significance of the study.....	5
1.9 Definition of terms.....	6
1.10 Chapter Division.....	9
CHAPTER 2	10
LITERATURE REVIEW	10
2.1 INTRODUCTION.....	10
2.2 TEENAGE PREGNANCY	10
2.3 TRENDS OF TEENAGE PREGNANCY	22
2.4 THE PERCEPTIONS OF EDUCATORS TOWARDS PREGNANT LEARNERS	29
2.5 CHALLENGES FACING SMTs REGARDING LEARNER PREGNANCY	31
2.6 Policy on teenage pregnancy: South African perspective	39
2.7 National and international trends, on the challenges of teenage pregnancy in schooling context.....	41
2.8 Policy implications of teenage pregnancy in schooling context.....	43
2.9 Teenage pregnancy in schooling versus MDGs and EFA goals.....	45
2.10 Transformational leadership in school context.....	47

2.11	CONCLUSION	50
CHAPTER 3	51
RESEARCH METHODOLOGY	51
3.1	INTRODUCTION.....	51
3.2	THE PURPOSE OF THE RESEARCH	51
3.3	THE RESEARCH METHOD	52
3.4	THE RESEARCH DESIGN	56
3.5	THE SELECTION OF A SAMPLE.....	60
3.6	DATA COLLECTION.....	63
3.7	DATA ANALYSIS AND INTERPRETATION	66
3.8	RELIABILITY AND VALIDITY.....	68
3.9	ETHICAL CONSIDERATION	70
3.10	Research realities	72
3.11	CONCLUSION	73
CHAPTER 4	74
THE RESULTS, ANALYSIS AND DISCUSSIONS OF THE STUDY	74
4.1	Introduction.....	74
4.2	Quantitative Data	74
4.2.3	Perceptions on teenage pregnancy.....	99
4.3	Open ended questions	129
4.4	Qualitative data	132
4.5	Logistic regression	135
4.6	RESULTS.....	137
4.7	Discussion.....	140
4.8	Summary	141

CHAPTER 5	143
FINDINGS AND RECOMMENDATIONS.....	143
5.1 Introduction.....	143
5.2 Findings.....	144
5.3 Recommendations.....	146
5.4 CONCLUSION	148
REFERENCES.....	150
APPENDICES	163
APPENDIX A : REQUISITION FOR CONDUCTING RESEARCH LETTER.....	163
APPENDIX B: VHEMBE DISTRICT DEPARTMENT OF EDUCATION APPROVAL LETTER.....	165
APPENDIX C: RESEARCH ETHICS CLEARANCE CERTIFICATE.....	166
APPENDIX D: CONSENT FORM	167
APPENDIX E: QUESTIONNAIRE	170
FIGURES	
Figure 1: Limpopo Province Districts	8
Figure 2: Percentage of female learners that fall pregnant by province, 2010	26
Figure 3: General increase in teenage pregnancy rate in South Africa, 2004-2008.....	42
Figure 4: Peer pressure is the main cause of teenage pregnancy	84
Figure 5: Alcohol and drugs play a role in teenage pregnancy	85
Figure 6: Most teenage girls are forced to have sex	86
Figure 7: Lack of knowledge causes teenage pregnancy	87
Figure 8: Government grant encourage teenage pregnancy	88
Figure 9: Parents do not discuss sexuality with teenagers	89
Figure 10: The media encourages teens to experiment sex	90
Figure 11: Pregnant learners do not complete their schooling	91

Figure 12: Pregnant teenagers are mostly absent from school.....	92
Figure 13: Most pregnant learners commit suicide.....	93
Figure 14: Pregnant learners develop low self-esteem.....	94
Figure 15: Pregnant learners mostly opt for abortion.....	95
Figure 16: The family of the pregnant learner suffers the most.....	96
Figure 17: Pregnant teens are at much higher risk of having serious medical complications.....	97
Figure 18: Teenage pregnancy causes tension amongst families.....	98
Figure 19: Pregnant learners should be expelled from school.....	99
Figure 20: It is difficult to monitor their work when they are at home.....	100
Figure 21: Parents should openly discuss sex with teens.....	101
Figure 22: Schools should provide professional help for pregnant learners.....	102
Figure 23: Condoms should be distributed at school.....	103
Figure 24: Schools should introduce sex education.....	104
Figure 25: Schools should provide care givers for pregnant learners.....	105
Figure 26: No learner should be re-admitted in the same year that they left school due to a pregnancy.....	106
Figure 27: Pregnant learners should receive tasks during her period of absence.....	107
Figure 28: The department provides help for pregnant learners.....	108
Figure 29: The department provides clear guidelines on teenage pregnancy.....	109
Figure 30: Parents work hand in hand with schools to curb teenage pregnancy.....	110
Figure 31: Educators are well equipped to deal with teenage pregnancy.....	111
Figure 32: The department of health and Social Development should provide a professional nurse or social worker assigned to service a cluster of schools.....	112
Figure 33: Absence of sex education in schools contribute to teenage pregnancy.....	113
Figure 34: Development of teenage pregnancy policy.....	114
Figure 35: Keep and maintaining a record of pregnant learners.....	115

Figure 36: Handling delivery of babies at school.....	116
Figure 37: Arranging child grant for the newly born baby	117
Figure 38: Monitoring performance of pregnant learners	118
Figure 39: Counselling of learners on their roles and responsibilities as teenage parents.....	119
Figure 40: Knowledge of national measures for the prevention and management of learner pregnancy.....	120
Figure 41: Implementation of the measures.....	121
Figure 42: Parental involvement.....	122
Figure 43: Training of staff on national policy for teenage pregnancy.....	123
Figure 44: Working closely with health centres and local government to address health needs of teenagers	124
Figure 45: Prevention of teenage pregnancy	125
Figure 46: Knowledge of sexuality education.....	126
Figure 47: Providing professional help for pregnant learners	127
Figure 48: Providing platform through which teenage mothers meet, share experiences, ideas, air out their views, play and plan for the future.....	128

TABLES

Table 1: Teenage fertility and total fertility rates in 2002 for selected countries	23
Table 2: Learner pregnancy rates in South Africa: 2004-2008	25
Table 3: Learner pregnancy rates per province, 2004-2008	27
Table 4: Percentage of teenage girls (15-19) who have been pregnant.....	43
Table 5: A comparison of quantitative and qualitative research approaches.....	54
Table 6: Advantages and disadvantages of mixed method research.....	55
Table 7: Sample size	62
Table 8: Frequency distribution: Gender	75
Table 9: Frequency distribution: Age of respondents	76
Table 10: Frequency distribution: Post level	76

Table 11: Frequency distribution: Professional qualifications 77

Table 12: Frequency distribution: Management experience in the current post..... 78

Table 13: Frequency distribution: Workload (Period per week)..... 79

Table 14: Frequency distribution: Number of workshops/ training attended in managing teenage pregnancy 80

Table 15: Frequency distribution: Number of teachers in school 81

Table 16: Frequency distribution: School locality 82

Table 17: Frequency distribution: Number of learners in school 83

Table 18: The total scores on causes of teenage pregnancy, interventions and competence on pregnant learners 134

Table 19: The Mann Whitney U results on perceptions on causes of teenage pregnancy, intervention and competence on dealing with teenage pregnancy 135

Table 20: Parsimonious regression model for educators’ perception on pregnant learners being expelled from school 138

ACRONYMS USED IN THIS STUDY

CSA	Center for the Study of Aids
DBE	Department of Basic Education
DoE	Department of Education
DSM	District Senior Manager
EFA	Education For All
EMDC	Education Management Development Center
HoD	Head of Department
HSRC	Human Science Research Council
KDHS	Kenya Demographic and Health Survey
MDG	Millenium Development Goal
MEC	Member of Executive Council
QUAL	Qualitative
QUAN	Quantitative
SACE	South African Council of Educators
SADTU	South African Democratic Union
SASA	South African Schools Act
SGB	School Governing Body
SLES	Specialised Learner and Educator Support
SMTs	School Management Teams
SPSS	Statistical Packages of Social Sciences
UNISA	University of South Africa
WCED	Western Cape Department of Education

CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1. Introduction

It has been more than a decade since the South African Schools Act (84/1996) forbade discrimination in schools on the basis of pregnancy. However, while the law is clear that such learners cannot be turned away from school, it is less clear about how schools should deal with pregnant learners and learner-parents (Bhana, Clowes, Morrell & Shefer, 2008: 78). In terms of Article 9(3) of the Constitution (1996) the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex and pregnancy. Every child, irrespective of colour and creed, has the right to education.

According to Gustafsson and Worku (2007:2), teenage childbearing in South Africa is high. United States, Turkey and Brazil have similar levels of around thousands women having teenage birth. This suggests that teenage pregnancy seem to be a global social problem which affects both developing and developed countries. Teen parenthood is the number one reason that girls drop out of school and when school administrators impede pregnant and parenting students' access to education, they contribute to these dropout rates, even though some girls cannot keep up at school, and then they drop out (Mcneely, 2007:269). This implies that school managers contribute in denying pregnant teenagers their right to education. Majavu reported in Sowetan Live (2009:On line), that days after teenage experts told parliament that teenage mothers should be kept at school, a Cape Town principal stands accused of suspending pregnant school learners and not allowing them back after they give birth.

Grant and Hallman (2008:369) note that in South Africa, national data show that one in five 18-year-old women has given birth, and more than 40 percent have become mothers by the age of 20. This suggests that a high number of female learners drop out

from secondary school as a result of being parents. Cassell (as cited by Panday, Makiwane, Ranchod & Letsoalo, 2009:52) argues that studies in the US have shown that child-rearing, lack of parental support and lack of support from peers, all contribute to high dropout rates. Even though the law allows pregnant learners to continue learning at school, some of them decide to stay at home.

Recent research (Panday, Makiwane, Ranchod & Letsoalo, 2009: 20) indicates that Free State, Gauteng and North West provinces had lower proportions of teenage pregnancy while Mpumalanga, Northern Cape, Limpopo and Eastern Cape reported high levels of early pregnancy. Nationally, 24, 4% of the girls surveyed in the same study in 2008 admitted to having been pregnant. This was 5, 3% more than when the study was conducted six years earlier. Mngoma reported in *The Witness* (2010: On line), that in 2002, Kwazulu-Natal accounted for 21, 8% of the interviewed girls who admitted to falling pregnant, while the figure stood at 25, 8% in 2008. Pregnancy among teen learners appears to be a big challenge for many local schools. Moselakgomo and Khumalo (Sowetan Live, 2011:On line) reported that a Mpumalanga school that made headlines last year after 70 of its learners fell pregnant is one of the schools that performed well. The school is said to have performed well because the results have improved but are below fifty percent, which still makes it a dysfunctional school.

Moselakgomo also reported in *Sowetan Live* (2010: On line), that Malatse High School in Marapyane, Mpumalanga Province has a total of 290 girls and 70 of them are expectant.. This number makes up 24% of girls at that school and it is a high number of learners. According to Zondo (2006:1), teenage pregnancy has become considerably more problematic today than in the past. This suggests that many teenagers are becoming pregnant than before. In the light of the above, the issue of teenage pregnancy needs to be handled with caution at school. The stakeholders at school who are parents, educators and more specifically, School Management Team (SMT) should have the know how to manage and to deal with teenage pregnancy. In their research, Berry and Hall (2010:1) found that the highest percentage of girls aged 15 to 19 years who have been pregnant in 2003 was highest in Limpopo Province at 16,6%. Even though there was a decline in teenage pregnancy from 1998 to 2003, Limpopo

remained at the top. Limpopo consists of mainly rural communities. It has five municipal districts of which Vhembe is one of them. Most parents in this district work in the reef, and mostly leave their children on their own.

1.2. Problem Statement

Teenage pregnancy in South African schools poses a serious management and leadership challenge. It calls for the School Management Teams (SMTs) to acquire critical skills to manage it within the requirements of the Constitution of the Republic of South Africa (1996) and the South African Schools Act (1996). Central to this study is the assumption that challenges of learner pregnancy management should be driven from a transformational leadership perspective. Little, if any, research has been conducted on learner pregnancy as a management area in the South African secondary schools.

Flowing from the above, the central and guiding question is as follows: What are the management challenges confronting the School Management Teams (SMTs) with regard to teenage pregnancy in secondary schools of Vhembe District?

In line with the central question, the guiding research sub-questions are:

1. What are the challenges faced by the SMTs regarding teenage pregnancy in schools?
2. What are the perceptions of the SMTs on the Department of Education Policy on Measures for the Prevention and Management of Learner Pregnancy?
3. What is the state of affairs in the Vhembe District at present regarding teenage pregnancy in secondary schools?
4. What training should be provided to the SMTs in managing teenage pregnancy issues in the schools?

1.3. Aims of the study

The main aim of the study was to investigate the challenges facing school management teams regarding management of teenage pregnancies at secondary schools in Vhembe District, Limpopo Province. The specific aims of this study are to:

1. Explore the challenges faced by the SMTs regarding teenage pregnancy in schools;
2. Investigate the perceptions of the SMTs on the Department of Education Policy on Measures for the Prevention and Management of Learner Pregnancy;
3. Determine present state of affairs regarding teenage pregnancy in secondary schools;
4. Suggest a training program that should be provided to the SMTs.

1.4 Rationale for the study

Over the past years, the school management and leadership models had become a priority in education policy agendas internationally. Management and leadership play a significant role in managing teenage pregnancies. On the basis of the above mentioned, the rationale for this study is therefore, to provoke school managers' interest in proper management of teenage pregnancies in their schools from the management and leadership point of view hence addressing various challenges confronting SMTs regarding management of teenage pregnancies. The study is also motivated by the desire to produce lively dialogue in the country regarding the challenges confronting SMTs and

1.5 Research Methodology

1.5.1. Research approach

This study used a mixed method approach. Johnson and Onwuegbuzie (2004:17) define mixed methods research as the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study. The advantage of this form of research is that both qualitative and quantitative research, in combination, provide a better understanding of a research problem or issue than either research approach alone Creswell (2007:9).

1.6 Limitations

This study was limited to SMTs in the Vhembe District, Limpopo Province. Vhembe district consists of 27 circuits which are divided into 5 clusters. Information-rich respondents were purposively sampled. In order for the research to spread through the district, twelve circuits were sampled, six rural and six urban. The study that was done in these circuits ultimately cast more light on the challenges and perceptions of SMTs in the management of teenage pregnancy in the schools

1.7 Ethical Considerations

Written permission to conduct this study was requested from the ethics committee of the University of South Africa (UNISA), the District Senior Manager (DSM) of Vhembe District of Education in Limpopo Province and the Circuit Manager of Tshinane Circuit. Informed consent was obtained from participants. The aim and purpose of the study was explained to all the participants. Whenever researchers conduct research on people, the well-being of research participants must be their top priority. The research question is always of secondary importance. This means that if a choice must be made between doing harm to a participant and doing harm to the research, it is the research that is sacrificed (Mack, Woodson, Macqueen, Guest, & Namey, 2005:9). Participants were interviewed in private and of their own free will, and they were told that they are free to withdraw at any time during the interview or remain silent if they do not feel like responding to a question. No names were recorded on the interview questionnaire.

1.8 Significance of the study

The purpose of this study is to explore the challenges faced by the SMTs regarding managing teenage pregnancy in different schools within the context of the District characterised by poverty and low literacy levels. The findings and recommendations of this research will have a potential of empowering SMTs in order to enable them to deal with those challenges.

1.9 Definition of terms

Concepts are building blocks of theory - ideas are expressed as symbols or words. Neuman (1997:40) asserts that everyday culture is filled with concepts, but many of them are vague and full of definitions. Thus, the use of everyday words in specialised ways in social science may create confusion. The concepts clarified below are critical to understanding of the discourse in this study.

1.9.1 Perception

According to Business Dictionary (2011: online), **perception** is the process by which people translate sensory impressions into a coherent and unified view of the world around them. Though necessarily based on incomplete and unverified (or unreliable) information, perception is equated with reality for most practical purposes and guides human behaviour in general. Macmillan Dictionary (2011: online) on the other hand, defines **perception** as a particular way of understanding or thinking about something.

In this study, **perception** is the way in which SMTs understand, regard or interpret teenage pregnancy.

1.9.2 Challenge

Macmillan Dictionary (2011: online) defines **challenge** as something that needs a lot of skill, energy, and determination to deal with or achieve, especially something you have never done before and will enjoy doing. On the other hand, Cambridge Dictionary (2011: online) refers to a **challenge** as the situation of being faced with something needing great mental or physical effort in order to be done successfully and which therefore tests a person's ability.

In this study, **challenge** is a difficulty or a problem encountered by SMTs concerning teenage pregnancies in their schools.

1.9.3 Teenage Pregnancy

According to Segen's Medical Dictionary (2011:online), **teenage pregnancy** is pregnancy by a female, aged 13 to 19, which is understood to occur in a girl who has not completed her core education—secondary school—has few or no marketable skills, is financially dependent upon her parents, and/or continues to live at home and is mentally immature. **Wikipedia (2011:online)** on the other hand, formally defines **teenage pregnancy** as pregnancy in a young woman who has not reached her 20th birthday by the time pregnancy ends, regardless of whether the woman is married or is legally an adult (age 14 to 21, depending on the country). In everyday speech, teenage pregnancy is usually referring to unmarried minors who become pregnant unintentionally.

In this study, **teen pregnancy** is a pregnancy occurring in a school-going young girl between the ages of 13 and 19.

1.9.4 School Management Team

Mangena (2009:9) defines **School Management Team (SMT)** as a group of educators employed at a school. This group is composed of the principal, deputy principal (s), heads of department and master teachers. Their responsibility is to manage the day to day activities of the school on a consultative and professional basis.

In this study, **School Management Team** denotes a team of managers at a school comprising of the Principal, Deputy Principal and Heads of Department (HODs).

1.9.5 Transformational leadership

According to Perratto (2009:1), **transformational leadership** is defined as a leadership approach that creates valuable and positive change in those that follow. Hall, Johnson, Wysocki and Kepner (2008:1) on the other hand, see **Transformational leadership** as the ability to get people to want to change, to improve, and to be led.

In this study, **Transformational leadership** denotes an interaction between leaders and followers with the aim of wanting followers to change positively.

1.9.6 Vhembe District

Vhembe District is one of the five districts of education in Limpopo Province. It is situated in the north most part of South Africa. It is the far north district of both the Limpopo province and South Africa. It shares the borders with three Southern African Development Community countries. These are Botswana, Zimbabwe and Mozambique.

Figure 1: Limpopo Province Districts



1.10 Chapter Division

This study consists of five chapters.

Chapter 1: Introduction and background of the investigation, the problem statement and research questions, the aims of the study, a description of the methods of study, definition of concepts, literature review and chapter division

Chapter 2: Literature review on teenage pregnancy in schools

Chapter 3: Research design and methodology

Chapter 4: The results, analysis and discussions of the study

Chapter 5: Findings and recommendations

1.11 CONCLUSION

In this chapter an introductory overview, the background, problem statement and aims of the investigation were presented. The research methodology was also outlined and key concepts used in this study were clarified. In the next chapter, the literature review underpinning this study will be discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter one focused on the background, problem statement and aims of the study. This chapter will focus on the clarification of important concepts relating to teenage pregnancy. The chapter is divided into five parts, namely: causes of teenage pregnancy, consequences of teenage pregnancy, trends of teenage pregnancy which shall include international and national trends, perceptions of teachers, including School Management Team (SMTs) towards pregnant learners and challenges facing SMT regarding management, and implementation of teenage pregnancy policy. The literature review is also aimed at identifying the training needs of school management teams. At the end of this chapter a short paragraph is written with concluding remarks emanating from the literature study.

Conducting a literature review is a means of demonstrating an author's knowledge about a particular field of study, including vocabulary, theories, key variables and phenomena, and its methods and history. Conducting a literature review also informs the student of the influential researchers and research groups in the field. Finally, with some modification, the literature review is a "legitimate and publishable scholarly document" (LeCompte, Klinger, Campbell & Menke, 2003:124).

According to Randolph (2003: online), the purpose of literature review is that it provides a framework for relating new findings to previous findings in the discussion section of a dissertation.

2.2 TEENAGE PREGNANCY

Teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, who has become pregnant. The term in everyday speech usually refers to girls who have not

reached legal adulthood, which varies across the world, who become pregnant (Unicef, 2008:1). According to Louw (2011: online), teenage pregnancy is by definition indicative of unsafe sex, and should be understood within the context of the HIV-Aids epidemic, the MEC (Member of Executive Council) of health in Kwazulu Natal said.

2.2.1 CAUSES OF TEENAGE PREGNANCY

Teenage pregnancy may result for different reasons in industrialised countries as compared to developing countries. Factors that contribute to teenage pregnancies include:

- customs and traditions that lead to early marriage (developing countries) ;
- adolescent sexual behaviour which may also be influenced by alcohol and drugs;
- lack of education and information about reproductive sexual health including lack of access to tools that prevent pregnancies;
- peer pressure to engage in sexual activity;
- incorrect use of contraception;
- sexual abuse that leads to rape;
- poverty;
- exposure to abuse, violence and family strife at home;
- low self-esteem;
- low educational ambitions and goals (Unicef, 2008:1).

In her speech during the future leader's conference in Durban on the 21st of June 2009, Mashego (2009: 2), said that teenage and unplanned pregnancy among young adults is at the root of a number of social challenges the country is facing, and she further indicated the causes of teenage pregnancy as follows:

- Traditional beliefs associated with early marriage;
- Proof of fertility before using birth control;
- Drug abuse which leads to unintended sex;
- Peer pressure;
- Ignorance;

- 80 % of teenage pregnancy is unintended; and
- Poverty.

For years, researchers have examined risk factors related to teenage pregnancy. Characteristics such as poverty, peer pressure, exposure to abuse and traditional beliefs have been associated with teenage pregnancy (Unicef, 2008:1; Mashego, 2009:2; Domenico & Jones, 2007:5).

In this study, the following prevalent causes of teenage pregnancy will be unpacked, namely: poverty, lack of guidance from parents, influence from media, peer pressure, sources of knowledge and substance abuse.

2.2.1.1 Poverty

Poverty and material deprivation have also been found to push girls into activities that expose them to sexual exploitation and survival sex in exchange for money and food. In such situations, the young girls are not in a position to negotiate safe sex and are often at risk of pregnancy and Sexually Transmitted Infections (STIs) including HIV/AIDS (Muganda-Onyando & Omondi, 2008: 31).

Khumalo (2011:online), in her article, indicated that the concentration of poverty, unemployment and poor education can push girls to get into relationships with older men for financial reasons, thus adding to the pregnancy problem. Adolescents subjected to disadvantaged circumstances such as living in poor, racially- segregated, high crime communities, or living in problematic or single parent families, were at risk of becoming pregnant during their teenage years (Maynard, Sarri & Phillips cited in Domenico & Jones, 2007:8).

One of the participants in Nemutanzhela's (2007:62) study explained: *"at the end I decided to enter into a relationship with that man hoping that if divorce will work I will be married as my mother was also approving our relationship. I think that poverty was the main reason which had made my mother to allow me to enter into such relationship."*

This is an indication that because of poverty, some parents lose focus and allow their children to enter into relationships with married men with the hope that their children will

bring money home for the material needs of the family. However, they become disappointed when they realize that their children are pregnant and their boyfriends deny paternity because they were only meeting their sexual desires.

In the studies that Tabane (2009:8) conducted with Phaswana-Mafuya, Davids, and Mbelle, they found out that, *“Families sometimes do support this kind of practice (sex for money) in a way that they study the background of their daughter’s boyfriend, if he is from a wealthier family the chances of pregnancy are high. Mothers in particular are the ones who are behind this kind of a mission”*.

Tabane (2009:14) furthermore indicated economic reasons such as unemployment and poverty as playing a major role in teenage pregnancy and that money is also exchanged for sex. In the results of their study, Sekiwunga and Whyte (2009:119) report that adolescent girls reported that due to the rampant poverty in the country, parents had difficulty in providing basic necessities such as food, clothing, shoes and soap. Therefore, girls found men who provided these items in exchange for sex, sometimes impregnating them in the process.

2.2.1.2 Lack of guidance from parents

Problems in parent-child relationships may also alienate adolescents and encourage them to seek comfort, acceptance and consolation through sexual activity. A CSA study that looked at Mother-Daughter Communication revealed that although girls would have liked to discuss sexuality with their parents, most parents were shy and often adopted a controlling approach which did not work for both the parents and their teenagers (Njau cited in Muganda-Onyando & Omondi, 2008: 32)

In their research, Sekiwunga and Whyte (2009:117) found out that the adolescents themselves, and to a large extent, the community leaders, blamed parents for failing to care for and control their teenage daughters. Adolescent girls reported that parents and guardians were no longer strict with their daughters’ movements as (they hear) was the case in the olden days, and this allowed their daughters to loiter around. Young girls go to social gatherings such as night prayers, discos, parties, and blue movies. In these

places, they see examples of bad behaviour and have opportunities to imitate. When they experiment with these models, they end up becoming pregnant.

Sekiwunga and Whyte (2009:18) reported that family breakdown contributed to reduced parental control of adolescent girls which led them to loiter about acquiring lovers and falling pregnant.

2.2.1.3 Influence from media

Exposure to suggestive or explicit media, films and magazines may also influence adolescent sexual behaviour. In recent years, improvement in communication has made access to information much easier than before. Media has expanded, with various FM Radio stations and television channels coming up. Young people have access to these channels of communication and can access information on a whole range of issues. While this is a positive development, it has also made access to pornographic material easy (Muganda-Onyando & Omondi, 2008: 32).

The mass media, with its sexualized content, is another contributing factor that perpetuates teenage pregnancies as it gives teenagers easy access to pornographic, adult television programmes and multimedia text messages. It seems that many societies are going through high moral degeneration as pornographic information is accessible free of charge via devices such as computers and cell phones. Free access to pornographic material on the internet is also likely to influence teenagers' minds. Therefore, it is recommended that there should be strict restrictions in assessing pornographic material, taking into consideration that internet should be a learning device for young people (Satcher, 2001:8).

2.2.1.4 Peer Pressure and Experimentation

Teenage girls often face peer pressure from their boyfriends and social networks to engage in sexual intercourse. Early sexual debut has become a trend in most societies, and this often pressurises adolescent girls to indulge in sexual intercourse because of

fear of being stigmatised by their peers. SAFAIDS (2011:3) conducted a web-based poll in June 2011 on “Factors causing the increase in number of teenage pregnancies”. The results indicated that most of the participants felt that peer pressure to have sexual intercourse at a young age was a major cause of teenage pregnancies.

In her studies, Sethosa (2007:41) found that parents and learners mentioned competition amongst teenage girls (those who have working boyfriends and those who have student boyfriends) as a factor that causes the escalation of teenage pregnancy. Girls with working boyfriends carry expensive cell-phones and wear expensive perfumes and jewellery which their school-going boyfriends could not afford, so they end up with older men who demand sex and make them pregnant.

Fox (2007: online) also agrees with the fact that a lot of teenagers indulge in early sexual behaviour due to peer pressure. Teenagers growing in largely promiscuous societies tend to date far earlier than others in slightly more conventional setups. This is due to the fact that they feel the great need to be 'hip' and 'accepted' by their circle of friends. The only way they could probably achieve that would be by having a boyfriend or girlfriend or at least by dating and indulging in sexual acts often. Teenagers have sex as a way to appear cool and sophisticated, but in some cases, the end result is an unplanned teenage pregnancy.

One of the teenage participants cited in Chigona and Chetty (2008:80) stated that having teenage friends with children could lead her to have her own child because when she was trying to play with her friend's child she was asked “*why not have your own?*” She further explained that “*in order to achieve a sense of belonging to the group you end up have your own child forgetting that having a child is another responsibility.*”

2.2.1.5 Sources of knowledge and Lack of information

Teenagers are exposed to messages regarding sexuality and contraception from a variety of sources. These include elders, peers, the mass media, and formal, institutional sources such as life-skills programmes and family planning services.

Parents are enjoined from a variety of sources to speak openly to their children about sexuality and to provide sex education. However, this may be an unrealistic expectation. Research indicates that it is generally difficult for parents to engage in this kind of interaction with their children. Madu, Kropiunigg & Weckenmann (cited in Macleod & Tracy, 2009:31-32) argue that various issues, including termination of pregnancy, premarital sexual intercourse, contraception, sexual harassment and molestation are taboo subjects in families in Limpopo.

Teenagers engage in life experiments and therefore will want to experiment with sex because they lack knowledge about sex. Risk taking is increasingly accepted as a normal component of teenage development.

Most teenagers have little or no knowledge of the use of contraceptives. According to Paelate and Saskaio (2007:30), the main reason for not using contraceptives was that teenagers did not have adequate knowledge about contraceptives and even if they did, they did not know where to access them. The general lack of knowledge about contraceptives indicates that a lot of promotion and education needs to be made on contraceptives as an option for preventing teenage pregnancy.

Panday, Makiwane, Ranchod, and Letsoalo (2009:10) argue that mass media campaigns in SA have played a seminal role in improving knowledge about sexual behaviour and, in particular, about HIV. In addition, three multi-media campaigns, namely: Love Life, Soul City and Khomanani have reached high levels of coverage among young people. Limpopo Province and Vhembe district, in particular, has many rural villages some of which do not have electricity, which means that it can be hard for them to access the media. According to the department of cooperative governance & traditional affairs in South Africa (2011:9), access to electricity in Vhembe District has, however, increased over the years reaching 79% by 2009. This indicates that more than 20% of the population do not have access to television. There is high percentage of teenagers, whose knowledge of sexual behaviour has not yet increased, thus leading them into unwanted pregnancy.

One of Nemutanzhela's (2007:50) participants in his studies stated: "*We used condoms for three days but on the fourth day the man convinced me that I will not be pregnant because i was still young and with my little knowledge I subsequently agreed. At the end of the second months of my studies I started to feel sick and went to the clinic, and I was told that I was pregnant.*" Many teenagers still do not have clear knowledge regarding sex education. This is confirmed by Nemutanzhela's (2007:59) study where he re-emphasised the importance of sex education by both parents and care givers.

One of Nemutanzhela's (2007:13) participants explained to the researcher that they were falling pregnant because their parents, teachers and the church did not communicate with them. Without effective communication with parents, teenagers are making wrong decisions.

2.2.1.6 Substance abuse

Matlala (2011 : online) reported in the Sowetan newspaper that the MEC of Health and Social Development in Limpopo, Dikeledi Magadzi said substance abuse and teenage pregnancy could not be separated because they impacted on each other. She was speaking ahead of a summit on teenage pregnancy and alcohol abuse, which was scheduled to take place in Bela Bela the following day. It is a clear indication that really teenage pregnancy is still a thorny issue in government and schools; in particular. Teenage pregnancy is not the concern of the department of education only, many government departments are concerned and thus involved in making sure that it is managed well.

Alcohol is a depressant, and it can lead to general arousal. Its initial effects make an individual feel good, but as drinking continues, it decreases inhibitions. A young virgin may become loud and promiscuous. The central nervous system is affected by numbing the part of the brain that controls a person's behaviour. The person feels more comfortable and relaxed and their controlled behaviour changes. S/he may then say or do things that s/he would not normally do. Teenagers often will forget to use a condom and they do something that they would not necessarily do if they were not drinking.

These two factors can lead to pregnancy. When asked later, young people often say that they had not meant for things to turn out the way they did. They were not thinking and were taking the risks of unprotected sex because they were drinking (Hafford, 2007: online). According to Kirby and Limmer (as cited in Panday, et al, 2009:33) alcohol and drug use increases an adolescent's chances of unprotected sexual intercourse and, in turn, pregnancy.

2.2.2 CONSEQUENCES OF TEENAGE PREGNANCY

An unplanned and unwanted pregnancy causes a major physical, emotional, as well as practical, upheaval in any woman's life. When this occurs in the life of an unmarried teenager; the event can be traumatic. The first potential trauma that could occur is that she could be asked (told) to leave school by either her parents, kinfolk, or the school authorities. The second is that she may desire to marry the father of the baby, only to discover that the sentiment is not reciprocated. She must also face the reality of having to be responsible for the well-being of another human being in addition to attending to her own needs and desires (Boult & Cunningham, 1991:72-73).

The most salient social consequences of teenage pregnancy are, but not limited to: school drop-out or interrupted education; unsafe abortion; maternal mortality; poverty; repeat pregnancies before age 20; and negative effects on domestic life (Muganda-Onyando & Omondi, 2008: 35). Early childbearing affects the girls' social and educational opportunities and also restricts their skills to succeed in life and exposes them to Sexual Transmitted Infections (STIs) and HIV / AIDS.

2.2.2.1 School drop-out or interrupted education

One of the main reasons for school drop-out among girls is pregnancy and early marriage. According to Muganda-Onyando and Omondi (2008: 25-26), a 2003 CSA(Center for the Study of Adolescents (Kenya)) survey conducted among secondary school students indicated that 13% had become pregnant by age 14. KDHS (Kenya Demographic and Health Survey) data indicate that 1 in 5 adolescents have begun

childbearing by age 17, and by 18 years, 3 in 10 will have begun childbearing (CBS, 2004). In total, an estimated 390 babies are born to teenage girls every day, which works out to more than 142,000 babies annually (CSA, 2004).

In their research in Kenya, Muganda-Onyando and Omondi (2008: 42) found that the ministry of education has *a-return-to-school* guideline that is in place to encourage girls to return to school after giving birth. This guideline is not being utilized by many schools since they prefer to expel pregnant girls; instead these girls are viewed as a bad influence to other girls in the school. Implementation of the guideline has not been effective because there is no legal backing or any official communication on how this guideline is to be implemented. The statistics, on school drop out of the teenage mothers in Kenya, reveal that the problem requires urgent attention from both government and communities (Muganda-Onyando & Omondi, 2008: 26).

The interruption of schooling that may accompany 'teenage pregnancy' is seen as problematic both internationally and in South Africa as it may limit the young mother's future career prospects, thereby contributing to a lower socio-economic status for her and her child. While South African legislation prevents young mothers from being discriminated against at school, there is still significant evidence to suggest that pregnant school-goers are asked to leave school during their pregnancies. This is possibly because young pregnant women are perceived as a bad influence on other young women. Furthermore, the Department of Education's 'Measures for the Prevention and Management of Learner Pregnancy' make it possible for educators to 'request' that learners take a leave of absence for up to two years (Macleod & Tiffany, 2009: 14-15). However, some of these learners do not come back to school after delivery. This is supported by the figures released by Statistics SA which show that 547000 girls countrywide, aged between 13 and 19 abandoned their studies between 2005 and the previous year. Of this number, 72000 left school because of falling pregnant (Fihlani & Masombuka, 2007: online). Teenage pregnancy is one of the great contributors of school dropout.

2.2.2.2 Unsafe Abortion

Alford (2011: online) describes unsafe abortion as self-induced method of termination of pregnancy or termination brought on by an unskilled person using dangerous and/or unhygienic method. Unsafe abortion is one of the most common consequences of teenage pregnancy in Kenya. It is estimated that almost 250,000 abortions occur among adolescents annually. A 2003 study of a rural district in Nyanza province found that 80 percent of all unsafe abortion cases involved young women below 20 years (Muganda-Onyando & Omondi, 2008: 35). Abortion poses the greatest direct threat to a young woman's health. Abortion is illegal in many African countries and account for about one-fifth of all maternal deaths in East Africa.

Although abortion is legal in South Africa, quite a number of teenagers resort to illegal abortion because of difficulty in accessing the facilities for legal abortion and or because of fear of facing their parents. This idea is supported by Roelf (2006: online), who reported about a young girl who fell pregnant and hid the fact from her parents, fearing their opprobrium. The girl visited a back street abortionist, where an unsterilized kitting needle was inserted into her vagina. She was later hospitalised for severe sepsis of the uterus, and the teenager will never bear children again.

According to Jewkes (as cited in Roelf, 2006: online) staff attitudes generally inhibit teenagers from seeking abortion. She said teenage abortion seekers were "verbally abused and humiliated by staff" and also found it hard to get into services because of a "small quota" of places, or because they were a bit late and second trimester abortions were not available. "Also, teenagers often just deny it and hope the pregnancy will go away or try to self-medicate... they are afraid of being punished if the family find out they are pregnant."

It was reported in the Sowetan (2012: online) that a University of Johannesburg student found dead in her residence resident room was thought to have developed complications after a botched illegal abortion. There are still women or teenagers who still visit illegal abortion clinics in South Africa at this time and age. These clinics and illegal doctors have mushroomed in all SA cities, and they promise quick and cheap

abortion services. However, after having failed, they rush to hospitals for help and sometimes too late, and as a result, life is lost.

2.2.2.3 Maternal Mortality

According to The World Savvy Monitor (2009: online), teen pregnancy is a major risk factor for maternal mortality – younger mothers are more likely to experience complications and to die from them. When women become pregnant before age 18, birth can be dangerous for both mother and baby.

The risk of death during childbirth is 2-4 times higher among mothers aged 17 or younger than among mothers aged 20 years or older. A look at maternal mortality trends in Kenya show that the regions with the highest teenage pregnancy rates also have the highest maternal mortality rates. These areas include parts of the Rift Valley, Coast, Nyanza, Western and Northern Kenya. They also record high infant and child mortality rates (Guttmacher & KDHS cited in Muganda-Onyando & Omondi 2008: 35). This is also supported by Philemon (2007:35) who argues that the risk of death in childbirth is twice as high for a mother aged between 15 and 18 than for a mother aged 20 or over. The infant mortality rate for infants born of an adolescent is also higher.

2.2.4 HIV/AIDS

Participants in Nemutanzhela's (2007:49-65) study indicated that they were engaging in sexual relationships without protective measures, thereby placing themselves at high risk of contracting HIV and not being aware of their HIV status. Having unprotected sexual intercourse with someone who has multiple relationships increases HIV infection risks. The majority of the participants acknowledged that they engaged in relationships with different people and were not aware of their status. HIV/AIDS infects many babies whose mothers are infected, especially if the mother had not had antiretroviral medicine early in the pregnancy. The research conducted by Nemutanzhela (2007:69) also indicated that blood transfusion, needles, razor blades, sexual intercourse and other sharp objects can transmit HIV which can finally lead to health condition that would

cause AIDS. As a result, teenage girls are overlooking the risks of being infected with HIV. Some of the children born from teenage mothers are not only at risk of HIV infection, but also of becoming orphans after their mothers die of AIDS. In addition, some men have the perception that having sexual intercourse with a virgin can help to heal them from HIV/AIDS, which increases the risks to teenagers (Nemutanzhela, 2007:73).

HIV/AIDS and teenage pregnancies have social, psychological, and economic implications. For those reasons both of them have to be pronounced as national disasters which demand the full participation of all the stakeholders in order to avoid further complications within the society (Nemutanzhela, 2007:71).

2.3 TRENDS OF TEENAGE PREGNANCY

2.3.1 International trend

In 2006, 750 000 women younger than 20 became pregnant. The **pregnancy rate** was 71.5 pregnancies per 1,000 women aged 15-9, and pregnancies occurred among about 7% of women in this age-group. In 2005, the U.S. teenage pregnancy rate reached its lowest point in more than 30 years (69.5), down 41% since its peak in 1990 (116.9). However, in 2006, the rate increased for the first time in more than a decade, thereby raising the rate up to 3 % (Kost, Henshaw & Carlin, 2010: 2).

However, for the first time since the early 1990s, overall rates of pregnancy and birth and, to a lesser extent, rates of abortion among teenagers and young women increased from 2005 to 2006. Preliminary data on births for 2007 show a further increase in the birth-rate among all women, including teenagers and those aged 20–24 (Kost, Henshaw & Carlin 2010:4)

Table 1: Teenage fertility and total fertility rates in 2002 for selected countries

Country	Teenage Fertility	Total fertility rates
Australia	18	1.75
Brazil	44	2.30
Botswana	60	3.20
Canada	22	1.52
Denmark	7	1.72
France	11	1.89
Germany	13	1.31
Italy	7	1.26
Kenya	113	5.00
Mexico	51	2.40
Netherlands	8	1.73
New Zealand	14	1.90
Nigeria	124	5.80
Norway	10	1.75
Poland	15	1.24
Portugal	20	1.47
South Africa	46	2.80
Spain	9	1.25
Sweden	7	1.65
Turkey	49	2.46
United Kingdom	29	1.64
United States	43	2.01
Zimbabwe	104	3.60

Source: Teenage fertility and total fertility rates from Society at a Glance: OECD Social Indicators, 2005, <http://www.oecd.org/dataoecd/34/13/34542721.xls>; US Bureau of Census; ILO:<http://laborsta.ilo.org/>. Adapted from: (Gustafsson & Worku, 2007: 2)

In Table 1, the number of births per thousand women aged 19 or younger (teenage fertility) and the total fertility rates are presented for selected countries. Teenage childbearing rates in South Africa are similar to those of the United States, Turkey and Brazil of around 45 per thousand teenage women having birth, as indicated in Table 1. In comparison, countries with less than 10 per thousand teenagers include Denmark, Italy, Spain and Sweden. Some African countries included in Table 1 have more than a 100 teenage births per thousand teenagers namely Kenya, Nigeria and Zimbabwe. In those countries, total fertility rates are also well above replacement rates.

The US, Australia and Canada have 2-digits level rates, although in the latter, the total fertility rates remain close or below the replacement levels. Among European countries, the United Kingdom stands out with 29 births per thousand teenage women (Gustafsson & Worku, 2007:7). Child fertility, in some African countries, is highest compared to USA and European countries. This is an indication that Africa has a challenge with regard to teenage pregnancy. According to Muganda-Onyando and Omondi (2008: 30), in Kenya, as in other African countries, childbearing trends vary based on regional and socio-economic status.

2.3.2 National trend

A study done by the Human Sciences Research Council (HSRC) on the prevalence of learner pregnancy in South African schools revealed that there was an increase in learner pregnancies between 2004 and 2008. Provincial trends show a concentration of learner pregnancies in the predominantly rural Eastern Cape, KwaZulu-Natal and Limpopo provinces. Learner pregnancies are predominant in schools that are poorly resourced, those located in poor neighbourhoods, no fee schools and schools located on land independently owned (farm schools), as well as in schools that involve considerable age mixing (combined schools). Pregnancy rates are lower in specialised schools (Shozi, 2010:63).

In 2008, 435,000 live births occurred to mothers aged 15–19 years, a birth rate of 41.5 per 1,000 women in this age group. Nearly two thirds of births to mothers younger than age 18 and more than half among mothers aged 18–19 years are unintended. Despite significant and steady declines in teenage birth rates in recent decades, this decrease appears to have slowed recently, with rates increasing from 2005 to 2007, and then decreasing slightly in 2008 (Preventing teenage pregnancy 2010-2015). Pregnancy and birth are significant contributors to high school dropout rates among girls (Mhele & Ayiga, 2013:123).

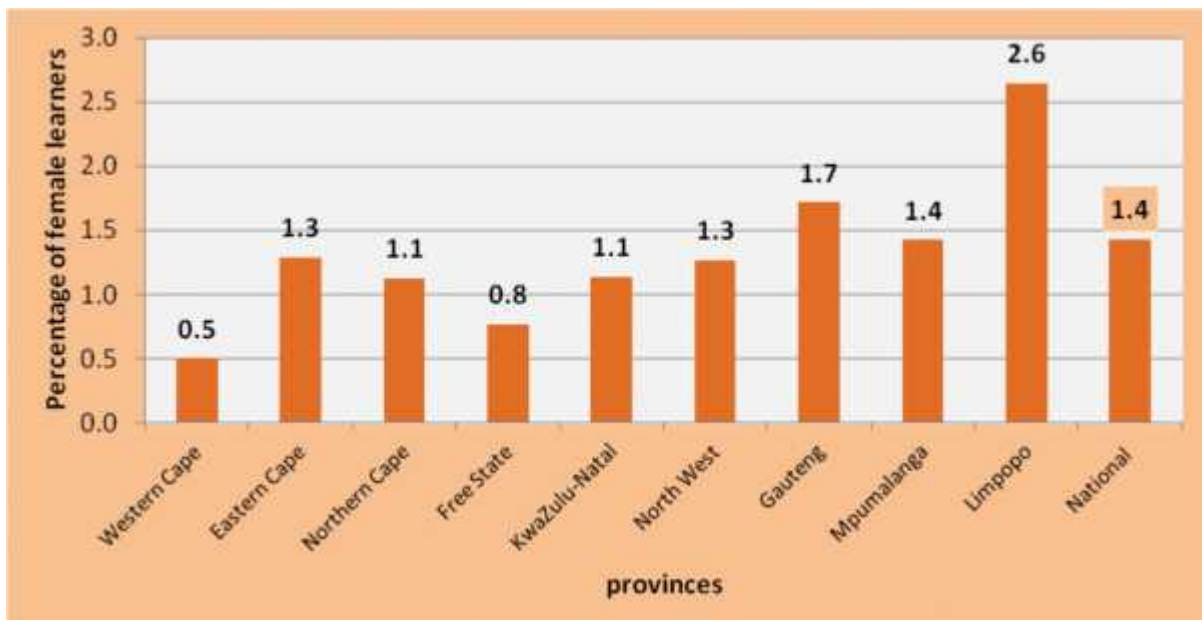
Table 2: Learner pregnancy rates in South Africa: 2004-2008

YEAR	Number of pregnant learners/1000 registered	Captured
2004	51.42	8058
2005	55.69	9691
2006	56.34	9031
2007	59.51	16336
2008	62.81	16320
TOTAL	58.22	59436

Adapted from: DoBE Teenage Pregnancy report PartB

Table 2 indicates the increase in the number of pregnant learners per thousand from 2004 to 2008. It is the reflection of the challenges that the government and schools in particular have regarding the rise in teenage pregnancy and management of teenage pregnancy respectively.

Figure 2: Percentage of female learners that fall pregnant by province, 2010



Source: Statistics South Africa, General Household Survey, 2010, DBE calculations

As shown in Figure 2, in 2009/10, at least 1% of female learners attending schools fell pregnant. In the provinces, Limpopo has a high proportion of learners; approximately 3% fell pregnant in 2009/10, followed by KwaZulu-Natal, which had approximately 2% of learners who fell pregnant in 2009/10. Western Cape had the lowest percentage of female learners who fell pregnant in 2009/10, at 0.5% (DoBE, 2012:28-29). Limpopo province is predominantly rural. Figure 2 concurs with the argument by Shozi (2010:63) that poorly resourced schools and schools from rural areas have highest possibilities of having high pregnancy rate compared to the schools from urban areas.

The table below provides a provincial breakdown of the number of pregnancies per 1000 learners. Consistent pattern of high pregnancy rate is reported for provinces that are poor and mostly rural (Eastern Cape, KwaZulu-Natal and Limpopo), and the reverse is evident for the most affluent and urban provinces (Gauteng and Western Cape) (DoBE, 2009:41).

Table 3: Learner pregnancy rates per province, 2004-2008

Province	Number of pregnant learners/ 1000 Registered	Number of learners captured
Eastern Cape	68.81	11852
Free State	53.64	2837
Gauteng	34.15	4866
Kwazulu Natal	62.24	15027
Limpopo	60.34	12848
Mpumalanga	55.70	5015
Northern Cape	59.37	1070
North West	55.89	3211
Western Cape	34.40	2710
TOTAL	58.22	59436

Adapted from: DoBE Teenage Pregnancy report Part B

In Gauteng, teenage girls aged 15–19 years who had been pregnant in 1998 are 9.5% and in 2003, the percentage increased to 12.2% (Gauteng Provincial Profile, 2010).

Mashego (2009:3) indicated, in her speech, that the figures on teenage pregnancy in two hospitals in eThekweni district in Kwazulu Natal show the following:-

In the first hospital in 2008 alone, births by women under the age of 18 were:

- 59 babies in September;
- 38 babies in October;
- 31 babies in November;
- 54 babies in December.

In the second hospital in 2008 alone, births by women under the age of 18 were in:

- September - 97 babies
- October - 112 babies

- November - 91 babies
- December - 96 babies

However, according to Louw (2011: online), the rate of teenage pregnancy is highest in Limpopo at 17%, followed by Northern Cape at 15%

Kekana (2010 : online) reported in Sowetan that Sekgabutla (MEC of Health and social development in Limpopo) was shocked when she welcomed Christmas babies at provincial hospitals, only to find that the majority of mothers were teenagers. Seventy babies were born on Christmas Day in Limpopo. At Tshilidzini Hospital in Vhembe District (Limpopo Province), a 16- year-old girl was among those who gave birth.

Louw (2011: online) reports that the Kwazulu-Natal's MEC for health Dr Sibongiseni Dhlomo expressed disgust at the rate at which teenage girls were falling pregnant. He expressed shock that one of the mothers who had delivered her baby girl was only 14 years old. A total of 300 babies are born every month at the hospital, and 20% of these are to teenage mothers. This is an indication that the rate of pregnancy is increasing.

In their report, Fihlani and Masombuka (2007: on line) indicated that schools are left to their own devices on how to deal with the ever-increasing number of pregnant pupils in schools. After a nationwide debate between the Education Department, teachers' unions and school governing bodies on how to handle the situation, there are still no guidelines on how to deal with teenage pregnancy at school. Sowetan discovered that in the first term of the school year six pupils - five from Grade 12 and one Grade 11 - from Vlakfontein Technical School were pregnant. The South African Democratic Teachers' Union's (SADTU) stance on the matter is that "every pupil has the right to education, but to expect teachers to cope with the situation is impractical".

KwaZulu-Natal MEC for education Senzo Mchunu was shocked to learn that no fewer than 1260 pregnancies were recorded in the province's schools in 2010. Health Minister Aaron Motsoaledi said teenage pregnancies were of greater concern than those for HIV. He painted an alarming picture of the high number of pregnancies at Gauteng schools. Almost 5000 schoolgirls in the province became pregnant in one year alone. Apart from

the high pregnancy rate in the province for 2009-2010, more than 113 primary schoolgirls became pregnant in the same period (Nair, 2011: online).

2.4 THE PERCEPTIONS OF EDUCATORS TOWARDS PREGNANT LEARNERS

Principals of schools have different views concerning teenage pregnancy. Some school managers chase away learners who are pregnant while others allow them to continue until they are due to give birth. All these managers have reasons that are very sound, according to them. Mrs Gravett of Munster Girls School in Kwazulu Natal (KZN) responded to the research done by Bhana, Clowes et. al. (2008:81) that “none of us really want them at school... if we could say there’s a special school for those who are pregnant... they must go there... be taught there and they can all look after their babies there together”. Most of those involved in the study conducted by Bhana, et al. were unenthusiastic about admitting and supporting either pregnant or learner-parents in their schools.

However, there are also those principals who adhere to policy; such principal are like Mr Zondi, principal of Dingiswayo High, KZN, who remarked during the study done by Bhana, et. al. (2008:81) that, ‘It is not a pleasant thing’ but ‘we have no option but to accommodate them because the policy says so’. Likewise, Mr Kusa, principal of Lilian Ngoyi, KZN, recalled that during apartheid, pregnant learners were ‘chased away’ but ‘no one has to transform’.

There are contradictory steps and procedures taken by different school principals regarding pregnant learners. Each one is doing what suits him or her at his or her corner, and in such cases, the rule of law is compromised. Some of the decisions taken violate the bill of rights in the constitution of the Republic of South Africa, Act 108 of 1996 section 29 (1) (a), which state that everyone has the right to basic education. Furthermore, South African Schools Act (SASA), Act no.84 of 1996 section 5 (1) states that a public school must admit learners and serve their educational requirements without unfairly discriminating in any way. There is a need for clear guidelines on how to

manage teenage pregnancy and also the necessity to train school managers on how to manage teenage pregnancy in line with the law of the country.

In a study done by Chigona & Chetty (2008:105), it was found that educators viewed the following as factors contributing to teenage pregnancy: materialism; peer pressure; availability of the Child Support Grant; poverty; lack of information and limited parental involvement; culture; substance abuse; the love of entertainment; ignorance of learners and lack of initiation in schools to guide teenagers about their roles and responsibilities. In this study, educators felt that the consequences of teenage pregnancy resulted in teenagers becoming school drop-outs, unable to contribute to the economy of the country. Teenagers also contracted STIs and became infected with HIV, which later developed into AIDS. Consequently, this shifted the burden to the parents of the teenagers wherein they were compelled to take care of the child and the teenage mother. Teenage pregnancy was regarded as creating economic dependency on parents, on the part of the teenage mothers.

Most educators reported having knowledge of the existence of the Children's Act 38 of 2005 from the SABC1 current affairs programme, 'Asikhulume'. Educators who were aware of the Act highlighted that they perceived a 12 year old child as a minor and thus too immature to make informed decisions about pregnancy. They regarded the said Act as a way of undermining parents and encouraging ill-discipline of learners in schools. One of the teachers perceived the Children's Act as violating Christian norms and values. Another perception communicated to the researcher was that the Children's Act is Eurocentric and hence inappropriate for the South African environment (Chigona & Chetty, 2008:106).

The Children's Act 38 of 2005 was also viewed as opposing ABC (Abstain, Be faithful and Condomise) campaign initiated to fight HIV/AIDS in South Africa. The Children's Act was seen as in contravention of the Constitution of the Republic of South Africa, Act 108 of 1996 because a 12 year old child is regarded as a minor and is not allowed to apply for an identity document (ID) and also not allowed to sign forms consenting to HIV testing or request the use of contraceptives.

Chigona and Chetty (2008:107) also found out that educators regarded the following as their needs for the betterment of their working environment in order to address the challenge of teenage pregnancies:

- Multi-disciplinary structures needed to be established to be able to deal with the challenges of teenage pregnancy in schools;
- Teenage pregnancy needed to be part of the syllabus;
- Legislation needed to be part of school curricular for empowering and developing teachers and learners;
- Rights and responsibilities should be linked together to guide teenagers because they are using rights without taking responsibilities into consideration;
- Effective consultation with professionals, parents and communities need to be done through public participation before passing any legislation. Currently teachers interviewed are of the view that consultation seems ineffective;
- Parents should be effectively engaged and equipped with skills for guiding and teaching teenagers about teenage pregnancy;
- The Children's Act was regarded as infringing parental roles and rights of teachers. Therefore teachers expressed a need for amendment;
- A School Based Team needed to be thoroughly trained to be able to deal with the challenges of teenage pregnancy;
- Teachers suggested that abstinence should be a priority to deal with teenage pregnancy in schools.

2.5 CHALLENGES FACING SMTs REGARDING LEARNER PREGNANCY

In 2007, the then Department of Education introduced a policy on learner pregnancy called *Measures for the Prevention and Management of Learner Pregnancy in Schools* (DoE, 2007). This policy became necessary owing to public concerns about high levels of pregnancy among school learners. The policy provides a framework for educating and assisting learners to understand and exercise their rights and responsibilities with regards to healthy life-styles, guiding and supporting vulnerable learners and involving all relevant role players (DoE, 2007:1).

At the beginning of 2010, politician Alfred Mponshane from Inkatha Freedom Party posed disbelief at the government progress concerning teenage pregnancies during a parliamentary debate. He questioned Minister of Basic Education, Angie Motshekga, raising issues such as, 'Whether teenage pregnancies continue to be a problem in schools' and 'whether her department has provided guidelines to help schools deal with teenage pregnancies'

In response, Motshekga stated that since 2007, when the department [of Basic Education] released the Measures for the Prevention and Management of Learner Pregnancy, the department has focused on working with education stakeholders focusing on ways in which teachers, schools and school communities can prevent and manage teenage pregnancy when it occurs (Maja, 2011: online).

The guidelines released by the Department of Education advocate for the right of pregnant girls to remain in school, but suggest up to a two year waiting period before girls can return to school in the interests of the rights of the child (DoE, 2007:5)

The prior Minister for Education Naledi Pandor's guidelines dictated that pregnant teenagers spend two years with their children before returning to complete their education. The thinking held that formative years were essential in establishing bonds between mother and child.

Naki (2008: online) reported in the Sowetan newspaper that SADTU, the biggest union in the education sector and Cosatu's second largest affiliate, expressed concern that Education Minister Naledi Pandor's guidelines on rising school teenage pregnancy were vague and unhelpful to deal with the situation. Furthermore, the union said the guidelines fell short because they wanted individual schools to develop their own approach to the issue.

Some participants cited in Bhana et al. (2008:82) indicated that they were deeply uncomfortable with the visible evidence of young women's claiming of their heterosexual and reproductive rights. In addition, the idea of one of the principals of schools is that it is not wise to have learners being pregnant at school since they are supposed to be children. Another principal also observed teachers complaining to her personally that

they do not feel comfortable teaching women, as opposed to girls. Principals have a challenge regarding how to handle teenage pregnancy in a manner whereby the pregnancy causes the least embarrassment to other pupils.

Bhana, et al (2008:84), also found out that some principals posed a challenge of lacking the necessary skills in the event of the learner going into labour at school. The common sentiments are that the school is not a clinic. Educators are afraid of taking responsibility of the pregnant learners who can start to have birth pains or give birth at school, because pregnancy is unpredictable. Some schools continue to generate fairly hostile environments for pregnant learners. The other challenge that schools and management face is absenteeism; a female teacher cited in Bhana, et al. (2008:85) reiterated the aspect.

In their research, Bhana, et al. (2008:89) concluded that some schools are sympathetic and supportive, but most do not welcome the extra burden of dealing with issues of parenthood amongst learners. They tend to regard pregnancy and parenthood as challenges for individual learners rather than for the schooling system as a whole.

Ramulumo and Pitsoe (2013:756) indicated in their research that SMTs have challenges that are always on the increase because the Department of Education has left everything in the hands of the school principal. No nurses are on standby should a learner go into labour at school.

2.5.1 Lack of counselling to combat stigma attached to teenage pregnancy

The survey done by Chigona and Chetty (2008:online) showed that teenage mothers came back to school without going through any counselling to prepare them to deal with their stigma, parenthood, and schooling simultaneously. As such, most of the teenage mothers got overwhelmed by their situation in school, and some failed to cope resulting in school dropout. All the teen mothers interviewed expressed concern that they had never been offered professional counselling on how they could get themselves ready to face their new situation. According to the heads of schools, there was no provision of

professional counselling to the teenage mother as they were coming back to the school system after becoming mothers

However, according to the Western Cape Education Department's (WCED, 2003:1) policy of 2003 on managing learner pregnancy in public schools, the learner must be considered to be a learner with special needs with access to counselling by professionals of the Specialised Learner and Educator Support (SLES) component with the Education Management Development Centre (EMDC). According to the policy, the principal of the school should manage and co-ordinate the process. Despite the presence of the policy on managing learner pregnancy in public schools, education personnel remained ambivalent about organising services like professional counselling for the teen mothers. The principals seem to be too busy for co-ordination of the counselling to the girls. Another challenge here is that professional counselling in the public schools is not readily available because there are very few professional counsellors to cater for a large number of schools.

2.5.2 Misunderstanding and pressure from teachers and fellow learners

According to the findings of the study done by Chigona and Chetty (2008: online), teen mothers felt that some teachers did not empathise with them, and they were expected to perform and behave just like any other learner in their respective classes. The teachers and fellow learners put a good deal of pressure on them without really understanding what the girls were going through. For instance, teen mothers were sometimes ridiculed in front of classmates whenever they had not satisfied the class requirements.

2.5.3 Keeping the pregnancy invisible

Because the society did not want to see the teen mothers with their big tummies going to school, and some pregnant girls were afraid and ashamed to be seen by their teachers and fellow learners, they resorted to hiding their pregnancies so that nobody could notice them and, therefore not treat them as an 'other girl' but equally. The girls

perceived education as a passport to well-paying jobs. A Grade 9 teen mother commented that when she was pregnant, her belly was not showing, and not many people knew she was pregnant. She did not stop coming to school because she knew that if she gets an education, she will be able to find a good job. However, it was hard for her to wake up in the morning, the few days that she was absent from school was just like anybody falling sick; when she came back it was just like normal because many did not know her situation (Chigona & Chetty, 2008:online).

Girls who become pregnant while still in school are often expelled despite the existence of the return to school guidelines where such girls should be allowed to return to school after delivery (Muganda-Onyando & Omondi, 2008:46).

2.5.4 Lack of Specialized training for teachers

Many of the teachers involved in guidance and counselling are often not well trained to offer the specialized services that a pregnant teenager or a mother returning to school may need. This, coupled with the lack of medical services in most schools, is a real problem (Muganda-Onyando & Omondi, 2008: 49).

In the study done by Chigona and Chetty (2008:100), it was found that teachers highlighted two main challenges that they face namely: insufficient material resources provided by the state and the trauma of classroom labour/deliveries. One of the teachers cited in Chigona and Chetty (2007:101) expressed that there was a lack of resources in their schools to help pregnant teenagers when they went into labour. For example, an ambulance takes 1 to 2 hours to reach their schools when required for such emergencies. The teacher reported that “*teachers are not trained as mid-wives to be able to help in delivering babies.*” Therefore, he felt that there must be school nurses operating in schools to help during labour complications and other health issues experienced in schools. Moreover, if the Department of Education was unable to secure a partnership with the Department of Health, it should initiate an empowerment strategy to empower teachers to deal with such challenges in schools.

2.5.5 Lack of Implementation of Policy for the Measures for the Prevention and Management of Learner Pregnancy

The Constitution of the Republic of South Africa, No 108 of 1996 in section 9 outlines that everyone is equal and cannot be discriminated against on various grounds, including sex and pregnancy. The Preamble of the South African Schools Act, No 84 of 1996 undertakes to combat racism, sexism and all other forms of unfair discrimination and intolerance. The National Education Policy Act, No 27 of 1996, section 4(c), provides for the achievement of equitable education opportunities, the redressing of past inequalities, and the advancement of the status of women.

The South African Council for Education Act, No 31 of 2000 establishes the Council for Education, which has, as one of its aims, to set, maintain and protect ethical and professional standards for educators. The Council has developed a Code of Professional Ethics for Educators which outlines the appropriate and ethical conduct for educators when dealing with learners, parents, the community, colleagues, the profession, their employer and the Council. Learners are to be treated ethically and compassionately. Any form of humiliation, physical or psychological abuse is to be avoided. Sexual harassment and abuse is a dismissible offence.

The Measures for the Prevention and Management of Learner Pregnancy (2007) provide a framework for educating and assisting learners to understand and exercise their rights and responsibilities in regard to healthy lifestyles; guiding and supporting vulnerable learners; and involving all relevant role players, and integrating these measures with available systems and structures. The aims are to provide an environment in which learners are fully informed about reproductive matters and to support teachers in managing the effects of learner pregnancy in schools, among others (DoE, 2007:1).

The Western Cape Department of Education Circular number 9 of 2008 (2008: online) states inter alia that:

1. it has come to the attention of the WCED that schools are applying the national measures instead of the WCED policy when dealing with learner pregnancy in

schools. Principals and governing bodies should take note of the legality of the two documents;

2. The WCED policy is based on the legal prescripts of the Constitution of the RSA and the South African Schools Act, which provide all learners with the right to education, without unfair discrimination. The policy is thus enforceable;
3. The national Measures for the Prevention and Management of Learner Pregnancies are guidelines that were not issued in terms of any law, nor were they published in a Government Gazette. These Measures are thus not enforceable and applying them when dealing with learner pregnancy could have legal implications for schools and school governing bodies;
4. The national Department of Education (DoE), when questioned about the legality of the Measures, responded as follows: *"The status of the Measures is not legally binding, and in court it will not stand on its own. We [DoE] needed to guide schools in the absence of a provincial policy on Learner Pregnancy and how to implement the SA Schools Act[s] 'no expulsion clause'. **The provincial policy of the Western Cape supersedes the national Measures;**"*
5. Schools must therefore follow and apply the prescripts of the WCED policy issued under cover of Circular 121/2003 in all cases when dealing with learner pregnancy at school. Schools should not apply the **National Measures**. The Measures are merely guidelines for schools in a province where that province does not have a policy on learner pregnancy.

The Western Cape Province in South Africa is the only province that came up with its own policy regarding prevention and management of teenage pregnancy; hence there is less number of learners who become pregnant in this province as indicated in figure 1. However, it is also indicated in this circular addressed to all the stakeholders in education, principals included, that the provincial policy supersedes the national measures and that the national measures were not issued in terms of the law, of which the national department of education accedes. No wonder there are many court cases concerning learners who are expelled from school due to pregnancy. Some school managers expel learners based on their own school policies on which they cite the

national measures for prevention and management of learner pregnancy. They disregard the constitution, SASA, SACE and Children's Act of which one of the objective of the Children's Act 38 of 2005 section 2 (b) (iv) is that the best interests of a child are of paramount importance in every matter concerning the child.

In a research done by the Department of Basic Education (2010:42), the researchers agree that there is an uneven implementation of school policy, resulting in the suspension or expulsion of pregnant teenagers.

Part of the Free State High court judgement delivered by Judge Rampa J on 12 May 2011 in the matter between Welkom High School (1st applicant), School Governing Body (SGB) (2nd applicant) and the Head of Department of education (HOD) (1st applicant), Mohanuoa Likomang Grace Dlutu as natural guardian of Ncedisa Michelle Dlutu (2nd respondent) , state inter alia that:

1. "the two school matters before me demonstrated an urgent need for the promulgation of nationwide regulations on the learner pregnancy policy. I urge the Honourable Minister Ms Angie Motshekga to do her best to promulgate such regulations within 24 months hereof;
2. the two learners concerned shall be entitled to attend formal classes at the schools, to remain at the schools and in their current grades and be taught, to learn and to be examined until the completion of their high school careers.

The above judgement is from the court case of learners who were suspended from school because they were pregnant. The school took the decision of suspending these learners based on the policy they developed at school which was based on national measures for preventing and managing teenage pregnancy (DoE, 2007:5) which states that no learner should be re-admitted in the same year that they left school due to a pregnancy.

The court case supports the statement made towards measures for the implementation and management of learner pregnancy (DoE, 2007:7) that the Provincial Education Departments should also strive to ensure educators and managers are equipped to deal

with the many challenges related to learner pregnancy. The challenges quoted in this study in 2.5 clearly confirm that there is a need for the Honourable Minister of Basic Education to urgently promulgate regulations on the learner pregnancy policy as ordered by the high court of Free State. School managers are in a difficult predicament of either using their own discretion or the measures for the implementation and management of learner pregnancy, which the WCED indicates as unlawful while the Bloemfontein High court confirms the issue in case number 5714/2010.

However, it is the view of the Department of Education that learners, as parents, should exercise full responsibility for parenting and that a period of absence of up to two years may be necessary for this purpose (DoE, 2007:5). This time period is unnecessarily long and therefore punitive in nature. The duration of two years does not make sense given that working mothers are expected to return to their jobs after only four months of maternity leave. Many school managers are taking advantage of this clause and ignore the Constitution, SASA and Children's Act. However, there are those school managers who may not be aware of the measures regarding the prevention and management of learner pregnancy, and this study aims to find out whether school managers know the measures and the necessary Acts and the challenges they encounter while managing learner pregnancy in Vhembe district in particular. Furthermore this study aims to also find out whether the schools have copies of these measures and whether educators and managers are equipped to deal with the many challenges related to learner pregnancy as indicated in the measures (DoE, 2007:7).

2.6 Policy on teenage pregnancy: South African perspective

The Department of Education's (2007:3) "Measures for the prevention and Management of Learner Pregnancy" outlines a range of measures to prevent early pregnancy and to manage it when it does occur. According to the Department of education policy on measures for the prevention and Management of Learner Pregnancy (2007: 7), the Provincial Education Department must provide every school with a copy of these measures and ensure their compliance. They should also strive to ensure educators

and managers are equipped to deal with many challenges related to learner pregnancy. Schools should also ensure that parents are adequately informed about these measures.

Mngoma reported in The Witness newspaper (2010: Online) that pregnancy among teen pupils is still a big problem for many local schools that believe they are fighting a losing battle, with some reporting as many as 20 pregnant teens in their schools each year. This happens despite all the campaigns that are done on sex education and even teachings in Life orientation at school. In the executive summary of their research, Macleod and Tracy (2009: VI) indicated that capacity at provincial and district level are identified as obstacles to implementation in general. In addition, educators as well as district and provincial level co-ordinators and management experience a lack of resources that impinge on interventions. This leaves the educators, together with the SMT, with few or no options of how to deal with teenage pregnancy in schools.

2.6.1 Dilemma of school principals in dealing with teenage pregnancy

Some of the school managers are not aware of or are ignorant of the policy and guidelines of the Department of Education when it comes to teenage pregnancy. Majavu reported in Sowetan Live (2009: On line) ,that the principal of Rosendal High School has suspended between “seven and 20” pregnant pupils from school – some before their pregnancies were even visible, saying girls can’t be running around the school because they might get hurt .The challenge that principals of schools are facing is how to handle pregnant learners. In this case, the principal is violating the constitution of the Republic of South Africa and the South African School’s Act (84/1996) which allows teenagers rights to education irrespective of pregnancy.

Hlungwani reported that pupils at Mavalani Secondary School outside Giyani, Limpopo, went on a rampage, destroying property after accusing the principal of reporting that 57 of their schoolmates were pregnant and the youngest expectant mother being 13 years old (Sowetan Live, 2011: On line). This confirms the high rate of pregnancy in teenagers who are still at school. It further suggests that parents and educators may be failing in

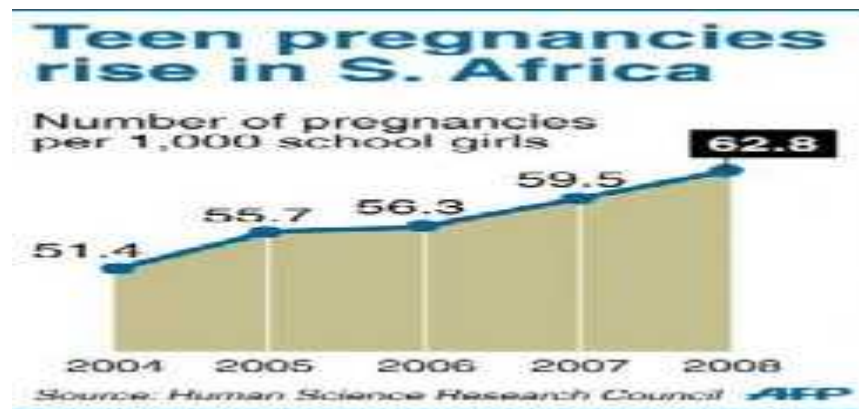
curbing teenage pregnancy. Principals are faced with this challenge of teenage pregnancy daily.

African school girls are particularly under pressure. In a context of fragmented family structures where parents are either absent or working and living in urban areas and where schools offer no support for childcare, they bear the burden of baby care and their school work suffers, although not all African school girls experience the same difficulties (Bhana, et al, 2008:85). This implies that lack of parental care may lead to teenage pregnancy. In addition, according to Bhana, et al (2008:88) principals of schools do not even have the skills and capacity of dealing with pregnant learners; hence they encourage learners to resume schooling after giving birth. Even though the government and the department of education, in particular, is doing its utmost to curb and reduce the number of pregnant school teenagers, the number is increasing yearly.

2.7 National and international trends, on the challenges of teenage pregnancy in schooling context.

Much concern has been expressed in recent years, particularly in the media, concerning the perceived increase in pregnancies amongst teenagers. Many of these reports have been based on localised data (Macleod & Tracy, 2009:7). Mthethwa (2011: online), reports that teenage pregnancy is a menace to our society. It is a struggle that needs to receive as much attention and focus as the struggle against Apartheid and more recently, HIV and teenage pregnancy, in a school context, is a course for concern to SMTs.

Figure 3: General increase in teenage pregnancy rate in South Africa, 2004-2008.



(Adapted from Ramulumo & Pitsoe, 2013:757)

The incidence of teen pregnancy is growing, according to the Human Science Research Council (HSRC), a government think tank. Out of every 1,000 girls in school in 2004, 51 were pregnant. The number jumped to 62 in 2008, which is the most recent data available.

The aforementioned statistics are still low compared to the rest of the continent where UNICEF says the comparative figure is over 100 in countries like Nigeria, Uganda, Somalia and Swaziland. In Italy it is seven (AFP, 2011: online).

Macleod and Tracey (2009:8) indicate in their research that the rate of teenage fertility is lower in South Africa than the overall rate in sub-Saharan Africa. It is comparable to many middle-income countries, but higher than most European countries. In her report, Franzcog (2006:25) says that Australia has the third highest rate of teenage pregnancy in the developed world, following the United States and the United Kingdom.

The table below gives the national perspective of percentages of teenage girls (15-19) who had been pregnant by the year 1998 and 2003.

Table 4: Percentage of teenage girls (15-19) who have been pregnant

Province	1998	2003
Eastern Cape	18%	14%
Free State	13%	15%
Gauteng	10%	12%
KwaZulu-Natal	17%	2%
Limpopo	20%	17%
Mpumalanga	25%	13%
North West	13%	14%
Northern Cape	18%	15%
Western Cape	16%	14%
South Africa	16%	12%

(Adapted from Hall & Berry, 2009:1).

Limpopo province had the highest number of teenage pregnancy in 2003. In 1998, it was second to Mpumalanga. Both these provinces are more rural, and they also produce the lowest Grade 12 results yearly. Teenage pregnancy may be one of the contributing factors to failure rate in schools. According to Department of Basic Education in South Africa, **Limpopo** obtained 57.9% grade 12 results in 2010, which was an increase from 48.9% in 2009, **Mpumalanga** reached 56.8% in 2010, up from 47.9% in 2009; this is an improvement of 8.9%. It triggers a need for training of SMTs on how to deal with pregnant learners at school because some principals tend to discourage learners from continuing with school when they are pregnant because they are afraid to face the situation where a learner may give birth at school.

2.8 Policy implications of teenage pregnancy in schooling context.

While a liberal school policy on teenage pregnancy has softened some of the consequences of early childbearing in South Africa, not all teenage mothers remain in school or return to school. This may stem from an uneven implementation of school policy, resulting in the suspension or expulsion of pregnant teenagers, poor academic

performance prior to pregnancy, few child-caring alternatives, inadequate support from families, peers and the school environment, as well as the social stigma of being a teenage mother (Department of Basic Education, 2010:42). Furthermore, some parents may not send girls to school because they consider the benefits of education for girls to be limited and the cost of sending them to school to be unnecessary for the family to carry (Department of Basic Education, 2010:42).

The South African Schools Act of 1996 requires parents to ensure that their children attend school from the first school day of the year in which they turn 7 until the last school day of the year in which they turn 15 or the end of the Grade 9, whichever comes first (Republic of South Africa, 1996b). The law compels every school-going child to be at school irrespective of whether she is pregnant or not. In other words, there should be no discrimination in terms of gender or pregnancy. However, there are challenges that are facing management of schools when a learner becomes pregnant. It is true that there is a policy that deals with pregnant learners; the challenge is whether the SMTs have been trained or not.

While pregnancy may be the termination point most directly associated with dropping out, it is often not the cause. Girls who perform poorly at school are more likely to drop out of school, experience early fertility and are less likely to return to school following pregnancy. In fact, South African statistics indicate that dropping out often precedes pregnancy (Panday, Makiwane, Ranchod, & Letsoala, 2009) (Cited in Department of Education 2010:43).

While South African legislation prevents young mothers from being discriminated against at school, there is still significant evidence to suggest that pregnant school-goers are asked to leave school during their pregnancies. This is possibly because young pregnant women are perceived as a bad influence on other young women. Furthermore, the Department of Education's 'Measures for the Prevention and Management of Learner Pregnancy' make it possible for educators to 'request' that learners take a leave of absence for up to two years (Macleod & Tracy, 2009:14-15). This policy negates what the South African Constitution says that every child has the right to education and on the other hand it puts the SMTs on a catch- 22 situation. Two

years is a lot of time and by the time the learner comes back to school she would have forgotten almost all that she had learned. On the other hand, how does one tell a pregnant learner to leave school and stay home for two years, hence there is a frustration on the side of principals. Some principals of schools tend to summon the parents of the pregnant learner to come and stay at school in case there are complications for their child, which is not part of the policy. Challenges that SMTs encounter force them to violate policy either deliberately or not. In this study, the researcher aims to find out how SMTs perceive this policy on measures for the prevention and management of teenage pregnancy.

2.9 Teenage pregnancy in schooling versus MDGs and EFA goals

The Bill of Rights in the South African Constitution (RSA, 1996a) stipulates that “everyone has the right to a basic education, including adult basic education; and further education, which the State, through reasonable measures, must make progressively available and accessible” (Department of Basic Education, 2010:10). In terms of the South African Schools Act (SASA) (RSA, 1996b), education for learners is compulsory for children turning 7 until the age of 15 or Grade 9 (whichever comes first). Although education is not compulsory for learners beyond Grade 9, the government encourages learners to enrol beyond Grade 9 and no learner who wishes to continue to Grade 12 is denied access to schooling (Department of Basic Education, 2010:10).

The 2000 Dakar Framework for Action sets out six Education For All (EFA) goals. The goals are global in nature. Via a process of consultation with stakeholders and with the assistance of the wider international community, as well as EFA follow-up mechanisms, countries were expected to set their own goals, intermediate targets and timelines within existing or new national education plans (UNESCO, 2000).

2.9.1 The six EFA goals are:

Goal 1: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

Goal 2: Ensuring that by 2015, all children, particularly females, children in difficult circumstances and those belonging to ethnic minorities, have access to a completely free and compulsory primary education of good quality.

Goal 3: Ensuring that the learning needs of all young people and adults are met via equitable access to appropriate learning and life skills programmes.

Goal 4: Achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

Goal 5: Eliminating gender disparities in primary and secondary education by 2015, and achieving gender equality in education by 2015, with the focus on ensuring females' full and equal access to, and achievement in basic education of good quality.

Goal 6: Improving all aspects of the quality of education and ensuring excellence for all, so that recognised and measurable learning outcomes are achieved by all – especially in literacy, numeracy and essential life skills (Department of basic Education, 2010:8-9).

While EFA goal number 2 ensures that by 2015, all children, females in particular, should have access to free and compulsory education, the Department of Basic education (2010:42) reports that pregnancy and teenage mothers constitute major causes of secondary school drop-outs for girls. It seems as if it will be a big challenge to

attain this goal because those learners that are mostly needed at school, they are dropping out because of pregnancy. Even though there are policies to deal with pregnant learners, principals are doing little to emphasise schooling when a learner becomes pregnant, instead they encourage learners to leave school. This argument is supported by Majangaza's (2011: online) report that a Transkei principal who expelled two pregnant learners from his school last year has again defied orders from the education authorities by again expelling pregnant learners.

Millennium Development Goal (MDG) number 2 focuses on Achieving Universal Primary Education. According to the Commission for Gender Equality's report (2010: 57), studies have shown that girls tend to drop-out earlier than boys as a result of numerous socio-economic factors, such as teenage pregnancy, lack of access to safe transport, domestic responsibilities, and orphanage due to HIV and AIDS.

Education is central to the development of young people as it prepares them for the world of work and for life. In line with global trends, it is encouraging to note that young people in SA are spending more years acquiring the requisite levels of education. There are, however, various socio-economic factors which impede learners' education process and cause them to drop out of schooling, such as teenage pregnancy and poverty (Commission for Gender Equality, 2010: 62-63).

The report of the Commission for Gender Equality (2010: 63) states that in 2008, the Department of Education in collaboration with the United Nations' Children's Fund (UNICEF), commissioned the Human Sciences Research Council to conduct a study on prevalence of learner pregnancy in South African schools. The study revealed the following:

2.10 Transformational leadership in school context

According to Bass (Cited in Cheong, 2009:2), transformational leadership grooms followers into future leaders by giving them freedom to control their behaviour, elevates followers' concerns from physical to psychological needs, inspires subordinates to

consider group rather than self-interests, and communicates desired outcomes to let subordinates perceive changes as worthwhile. Leithwood (Cited in Cheong, 2009:2), argues that transformational leadership demands shared decision-making, teacher empowerment as well as understanding and encouraging change, while necessitating abilities to work in teams, see the complete picture, concentrate on continuous school improvement and foster the school community's sense of ownership.

According to Leithwood (Cited in Retna & Jeyavelu, 2011:5), transformational leadership in schools may be identified by a number of core leadership activities which are:

- setting directions (includes vision-building) ;
- developing people;
- promoting and nurturing a learning culture;
- building relationships within and with the school community.

Bass (Cited in Leithwood & Jantzi, 2005: 178), argued that transformational leaders can be directive or participative, authoritarian or democratic depending on the context. A transformational leader uses different styles of leadership to attend to the challenges; however, the decision of which style to be used is determined by the situation which is encountered. For the purpose of this research, it is asserted that transformational leadership is essential for meeting the challenges that SMTs are faced with regarding teenage pregnancy.

Transformational leadership aims at professionalizing teaching that other forms of leadership such as transactional leadership have failed to do. This form of leadership aims to increase educator expertise by allowing the educators to attempt to meet higher needs of individuals such as growth and fulfilment.

It is without any doubt therefore that the focus of the transformational leadership in schools is beyond improving the curricular activities but is aimed at influencing organizational building, developing a shared vision and creating productive work cultures. Thus, it is compelling to argue that the transformational leadership role of the

school principal is the key to the improvement of the educational standards in our educational system.

According to Hall, et al. (2008:1), there are four factors to transformational leadership, (also known as the “four I’s”): idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. When managers are strong role models, encouragers, innovators, and coaches, they are utilizing the “four I’s” to help “transform” their associates into better, more productive and successful individuals.

Leithwood (Cited in Stewart, 2006:15), describe transformational leadership as using the following dimensions: “building school vision and establishing school goals; providing intellectual stimulation; offering individualized support; modelling best practices and important organizational values; demonstrating high performance expectations; creating a productive school culture; and developing structures to foster participation in school decisions”.

Leithwood’s model assumes that the principal shares leadership with teachers and the model is grounded not on controlling or coordinating others, but instead on providing individual support, intellectual stimulation, and personal vision. The emphasis of Leithwood is that the principal, as the head of the school should be able to encourage colleagues to learn, to develop and to work together to make it happen. Based on Leithwood’s studies, Stewart (2006:17) concludes that transformational leaders are in a continuous pursuit of three goals: helping staff members develop and maintain a collaborative; professional school culture; fostering teacher development; and helping teachers solve problems together more effectively.

In the light of the above, I argue that if transformational leadership is appropriately practice, then there is the potential to transform the prevailing negative attitude towards pregnant learners to a positive one where pregnant learners are given equal opportunity with others to learn. With reference to this study, the question is whether principals in secondary schools assume the roles of transformational leaders in managing teenage pregnancies.

2.11 CONCLUSION

In this chapter, the researcher explored some of the causes of teenage pregnancies. The end results of the causes have also been explored in this chapter. The researcher was stunned after realising that there are lots of challenges that educators and SMTs are encountering with regard to management of teenage pregnancy. The researcher also realised that the Acts of the republic and measures of the department are also being violated by the SMTs because of lack of knowledge and ignorance.

The literature study also revealed many causes of teenage pregnancies and the wide range of consequences of teenage pregnancies. That is why much has to be done to encourage the solutions to these challenges of teenage pregnancies. Teenage pregnancy has come under scrutiny because of its disruption of the schooling of pregnant teenagers.

The study by the Commission for gender equality (2010:13) revealed that there was an increase in learner pregnancies in South Africa between 2004 and 2008. This is a cause for concern for school managers as it was indicated by Bhana, Clowes et. al. (2008:81) in their research that pregnant learners were not needed at school.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter two focused on literature review regarding teenage pregnancies. This chapter is devoted to the discussion of the research methodology and design that were used during the study. Research methodology is the general planning of how the research project is going to be conducted. As research strategies vary, only those that have been followed in this investigation are discussed, and the rationale for the chosen methodology is outlined.

The plan of this research includes mixed methods research design which is the method used in this study, the sampling of participants, data collection that explains how data was collected from the sampled schools, questionnaires and interviews which were the instruments used to collect data. Data analysis of the collected data is also explained in this chapter. Validity and reliability of the instruments that were used to collect data and the ethical considerations were taken into account when conducting interviews and also distributing questionnaires.

3.2 THE PURPOSE OF THE RESEARCH

According to Creswell (2003:87), the purpose of the research indicates "... why you want to do the study and what you intend to accomplish".

The main purpose of this study is to explore the management challenges confronting the SMTs with regard to teenage pregnancy in secondary schools in Vhembe District.

3.3 THE RESEARCH METHOD

The researcher made use of both qualitative and quantitative research methods, although both these methods differ in many ways. The differences have been tabulated below in table 3.1 of this chapter. According to Creswell and Plano Clark (2007:6), mixed methods research involves both collecting and analysing quantitative and qualitative data at some stage of the research process within a single study to understand a research problem more completely.

According to Creswell (2003:23), the mixed-method design suits the researcher who enjoys both the structure of quantitative research and the flexibility of qualitative research. This argument is a strong one in support of the mixed-method research for this study. To investigate the management challenges confronting the SMTs with regard to teenage pregnancy demanded that I captured the best of both quantitative and qualitative research methods. My aim was to collect diverse types of data which would provide the best understanding of the research problem (Christensen & Johnson, 2004:4). This study utilised a concurrent triangulation strategy of inquiry.

3.3.1 Quantitative research method

Quantitative data includes close-ended information such as that found on attitude, behaviour, or performance instruments. The collection of this type of data might also involve using a closed-ended checklist, on which the researcher checks the behaviours seen. Sometimes, quantitative information is found in documents such as census records or attendance records. The analysis consists of statistically analyzing scores collected on instruments, checklists, or public documents to answer research questions or to test hypotheses (Creswell & Plano Clark, 2007:6). In this study, a questionnaire will be constructed and distributed to the sampled respondents who are the SMTs at Vhembe district. Data was collected and coded. Special Packages for Social Sciences (SPSS) was used to analyse the data from questionnaires.

3.3.2 Qualitative research method

Qualitative data consists of open-ended information that the researcher gathers through interviews with participants. The general, open-ended questions asked during these interviews allow the participants to supply answers in their own words (Creswell & Plano Clark, 2007:6). In this study, interviews were conducted with SMTs (Principals, Deputy Principals and Heads of Department). The interviews were recorded on a tape recorder and later transcribed to make data analysis easier.

Table 5: A comparison of quantitative and qualitative research approaches

	Quantitative	Qualitative
General framework	Seek to confirm hypotheses about phenomena	Seek to explore phenomena
	Instruments use more rigid style of eliciting and categorising responses to questions	Instruments use more flexible, iterative style of eliciting and categorising responses to questions
	Use highly structured methods such as questionnaires, surveys, and structured observation	Use semi-structured methods such as in-depth interviews, focus groups, and participant observation
Analytical objectives	To quantify variation	To describe variation
	To predict causal relationships	To describe and explain relationships
	To describe characteristics of a population	To describe individual experiences. To describe group norms
Question format	Close-ended	Open-ended
Data format	Numerical (obtained by assigning numerical values to responses)	Textual (obtained from audiotapes, videotapes, and field notes)
Flexibility in study design	Study design is stable from beginning to end	Some aspects of the study are flexible (for example, the additions, exclusion, or wording of particular interview questions)
	Participant responses do not influence or determine how and which questions researchers ask next	Participant responses affect how and which questions researchers ask next
	Study design is subject to statistical assumptions and conditions	Study design is iterative, that is, data collection and research questions are adjusted according to what is learned

Adapted from Mack, Woodsong, Macqueen, Guest and Namey (2005:3)

The researcher is aware of the advantages and disadvantages of mixed method research as tabulated by Mack et al (2005:3) below.

Table 6: Advantages and disadvantages of mixed method research

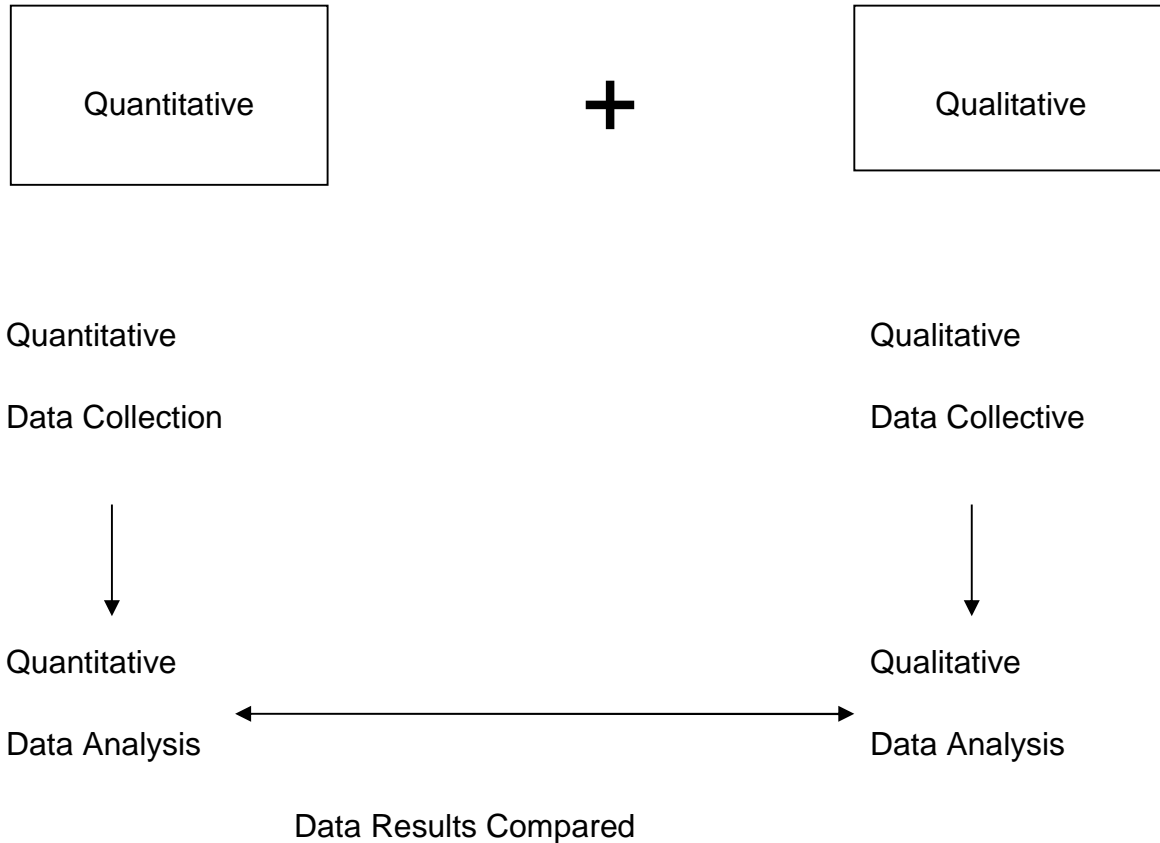
Advantages	Disadvantages
Provides more comprehensive data	Researcher's training may not be adequate to conduct both types of research in a single study
Allows study of the process as well as the outcomes	One method may be used superficially
Compensates for limitations with use of a single method	Typically requires more extensive data collection
Allows investigation of different types of research questions	Typically requires more time and resources
Allows investigation of complex research questions	Difficult in writing reports and forming conclusions
Enhances credibility of findings from a single method	May mislead readers if approach doesn't fully integrate both types of designs

The researcher made use of the quantitative and qualitative methods to investigate the management challenges facing the SMTs with regard to teenage pregnancies in secondary schools in Vhembe District. According to Creswell (2008:61-62), the core argument for a mixed methods design is that the combination of both forms of data provides a better understanding of a research problem than either quantitative or qualitative data by itself. Furthermore, Creswell (2008:62) indicates that mixed methods designs are procedures for collecting, analysing, and mixing both quantitative and qualitative data in a single study or in a multiphase series of studies.

3.4 THE RESEARCH DESIGN

The following Concurrent Triangulation Design strategy, as defined by Terrel (2012: 267) and Creswell (2003: 214), was used to collect data:

Concurrent Triangulation Strategy



Adapted from Terrell (2012:267)

According to Creswell (2008:555), “+” indicates the simultaneous or concurrent collection of quantitative and qualitative data.

There are two concurrent data collection phases. Priority should be equal but can be given to either approach. Data are integrated during interpretation phase. The interpretation notes either a lack of convergence or convergence that strengthens knowledge claims. Data integration can also occur during analysis (Terrell, 2012:272).

Schumacher and McMillan (2010: 403) describe concurrent triangulation design as an integrative or convergent design in which the researcher simultaneously gathers both quantitative and qualitative data, merges them using both quantitative and qualitative

data analysis methods, and then interprets the results together to provide a better understanding of a phenomenon of interest. Equal emphasis to each method was given, however, the researcher started with quantitative and then qualitative as indicated in Schumacher and McMillan (2010: 403) any one method can follow the other:

QUAL + QUANT or QUANT + QUAL

By using this model or design, the researcher wants to expand quantitative results with qualitative data as outlined by Creswell and Plano Clark (2007:62). Furthermore, the purpose of using triangulation (or concurrent or parallel) mixed method design is to simultaneously collect both quantitative and qualitative data, merge the data, and use the results to understand a research problem (Creswell, 2008:557). In this study, the quantitative data collected from many individuals gave strength to offset the weaknesses of qualitative data collected from few individuals.

Mouton (2001:55) describes a research design as a plan or blue print of how one intends conducting the research. The plan of this research consisted of three phases, namely: piloting of questionnaire, communication and actual data collection. Vogt (2007:8) adds that a research design is a plan for collecting evidence that can be used to answer a research question.

Phase 1: Piloting of questionnaire

The questionnaire was piloted to a language expert, expert in the field of life skills in the department of education and SMTs of at-least three secondary schools from Vhembe District. According to Plowright (2011:88), “pilot questions will provide you with an opportunity to test that the decisions you have made about this element of your research are correct”.

Adjustments were made based on the outcome of the pilot results. The data collected during the pilot test was not part of the study. All the participants completed the questionnaire within 30 minutes and understood the questions.

Phase 2: Communication

Permission to conduct research was requested from the District Senior Manager (DSM) of Vhembe District. A letter was written asking for permission to conduct the study. The request was made via the circuit manager of Tshinane Circuit who was my circuit manager. The consent letter from the District Senior Manager was also presented to the circuit managers and school principals of the schools in which the research was conducted. Consent forms were completed by those members of the SMTs who participated in interviews.

Phase 3: Actual data collection

Data collection

In this study, two methods of collecting data were used thus semi-structured interview and survey questionnaires.

Quantitative data collection

Questionnaires were constructed and used to seek information from SMTs regarding the challenges they face in the management of teenage pregnancy in their schools and their general perception towards the Department of Education Policy on Measures for the Prevention and Management of Learner Pregnancy. Babbie and Mouton (2009:230) indicate that in a typical survey, the researcher selects a sample of respondents and administers a standardised questionnaire to them. Questionnaires were administered on the respondents from twelve circuits that were sampled. Survey research is probably the best method available to the social scientist interested in collecting original data for describing a population too large to observe directly (Babbie & Mouton, 2009:230).

The following three stages of Piloting the Questionnaire according to Galley (2011: Online) were employed:

- 1 Individual criticism or feedback: the questionnaire should be handed to other people who preferably have some experience of questionnaires, for comment;
2. Depth interviewing: once the criticisms generated above have been corrected, the questionnaire should be given to a small sample of respondents (up to 10) for their reaction. On completion of the questionnaire, each respondent should be questioned in detail about the answers to the questions, to find out what the respondent understood the question to be asking, and the exact meaning of the responses given. Any changes should then be made to correct obvious problems;
3. Finally, the questionnaire should be given to a larger sample of respondents to investigate the implications of the analysis you wish to do and to check whether any invalid or meaningless patterns of answering are occurring. This also enables you to make estimates of the reliability and validity of the questionnaire. This stage should be repeated until the questionnaire appears to be error-free.

Reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same results each time (Babbie & Mouton, 2009:119). In this study, to ensure reliability, the researcher used “test-retest” method of reliability. The researcher administered the questionnaire to the same group of SMTs on two occasions, and then obtained the first set of scores which were then compared with the second set of scores by calculating a correlation coefficient.

Babbie and Mouton (2009:122) refers validity to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. The questionnaires, immediately after the design, were submitted to people who have experience with questionnaires to determine whether the questions are clear, understandable, and in a logical order (face validity). Moreover, the same people who

have more experience in working in SMT were asked to criticize the content of the questionnaire (content validity).

Qualitative data collection

According to Babbie and Mouton (2009:289), the basic individual interview is one of the most frequently used methods of data gathering within the qualitative approach. Drew, Raymond and Weinberg (2006:28) argue that interviews are widely used throughout the social sciences.

For Drew, et al (2006:29), in a semi structured interview, the sequence of questions can be varied, as can the wording of questions and there is more respondent participation, and this is not directly constrained by the interviewer's questions. The participants become free to express themselves. Survey questionnaires allow respondents to express their ideas spontaneously in their own language. These instruments (semi-structured interviews and survey questionnaires) enabled the researcher to capture the experiences, perceptions, beliefs and the behaviours of the participants on teenage pregnancy.

The interview schedules were conducted on the sample of the sampled circuits. Interviews were done in English and indigenous language (Tshivenda) which is predominantly used in the Vhembe District and audio taped then later transcribed.

Collection of data was done after normal teaching hours lasting for an hour at most on each participant. In-depth open-ended interviews were conducted with SMTs of one circuit in Vhembe District. Questionnaires with close-ended questions were completed by SMTs of 24 sampled schools from 12 sampled circuits in Vhembe District.

3.5 THE SELECTION OF A SAMPLE

Johnson and Christensen (2012:216) define sampling as the process of drawing a sample from a population.

In qualitative research, the inquirer purposefully selects individuals and sites that can provide the necessary information. Purposeful sampling in qualitative research means that researchers intentionally select (or recruit) participants who have experienced the central phenomenon or the key concept being explored in the study (Creswell & Plano Clark, 2011:173).

The intent of probabilistic sampling in quantitative research is to select a large number of individuals who are representative of the population or who represent a segment of the population. Ideally, individuals are randomly chosen from the population so that each person in the population has a known chance of being selected (Creswell & Plano Clark, 2011:174). The sample size needed for a rigorous quantitative study is typically quite large. The sample needs to be large enough to meet the requirements of statistical tests.

Teddlie and Yu (2007:96) are of the idea that mixed method studies involve both probability and purposive techniques, but there are some cases where either probability sampling or purposive sampling alone is appropriate. Concurrent mixed method sampling in which probability sampling techniques are used to generate data for the QUAN strand and purposive sampling techniques are used to generate data for the QUAL strand. These sampling procedures occur independently (Teddlie & Yu, 2007:92). In this study, the data was collected concurrently and triangulated in the final phases of the data analysis.

Purposive sampling was used to select the schools to participate in this study. In purposive sampling, the researcher decides the purpose you want informants (or communities) to serve, and you go out to find some. Johnson and Christensen (2012: 231) refers to purposive sampling as judgemental sampling, in which the researcher specifies the characteristics of a population of interest and then tries to locate individuals who have those characteristics.

Table 7: Sample size

Designation	Target number	Instrument
Circuits	12 out of 27	
Schools	24 (2 per sampled circuit)	
Principals	24 (1 per sampled school)	Questionnaire
	6 (1 per sampled school)	Interview schedule
Deputy Principals	24 (1 per sampled school)	Questionnaire
	6 (1 per sampled school)	Interview schedule
School HOD's	72 (at least 3 per sampled school)	Questionnaire
	6 (1per sampled school)	Interview schedule

Table 7 above represents the sample size for my study that was conducted in the district with at least 27 circuits. Twelve (12) circuits were purposively sampled, six (6) rural and six (6) urban. Two schools were purposively sampled from each circuit which were 24 in total. At least 120 questionnaires were distributed to 24 purposively sampled schools targeting 24 Principals, 24 Deputy Principals and 72 HOD's (at least 3 per sampled school).

3.5.1 Purposive Sampling

In purposive sampling, the researcher decides the purpose informants (or communities) serve, and the researcher goes out to find some. This is somewhat like quota sampling, except that there is no overall sampling design that tells the researcher how many of each type of informant the researcher needs for a study (Bernard, 2013: 164-165). Johnson and Christensen (2012: 231) refers to purposive sampling as judgemental sampling, in which the researcher specifies the characteristics of a population of interest and then tries to locate individuals who have those characteristics.

Purposive sampling techniques have also been referred to as non-probability sampling or purposeful sampling or “qualitative sampling.” As noted above, purposive sampling

techniques involve selecting certain units or cases “based on a specific purpose rather than randomly” (Tashakkori&Teddlie, 2003: 713).

3.5.2 Probability Sampling

Probability samples are based on taking a given number of units of analysis from a list, called a sampling frame, which represents some population under study. In a probability, or unbiased sample, each individual has exactly the same chance as every other individual of being selected. When this principle is violated, samples become biased. (Bernard, 2013:130). Schutt and Check (2012:97) add that probability sampling methods are those in which the probability of selection is not zero (so there is some chance of selecting each element).

3.6 DATA COLLECTION

3.6.1 Gaining access

Walford (2001: 33) argues that gaining access and becoming accepted is a slow process. Hammersley and Atkinson (1983: 54) suggest that gaining access is not only a practical matter but it provides insight into the ‘social organisation of the setting’. Cohen, Manion and Morrison (2011: 168) believe that access might be gained through gatekeepers, that is, those who control access. Before any data collection can take place, researcher must negotiate for permission to do so with the person in charge of the institution or settings where s/he wants to collect data.

According to Creswell and Plano Clark (2011:171), the basic idea of collecting data in any research study is to gather information to address the questions being asked in the study.

3.6.2 Questionnaire

According to Creswell and Plano Clark (2011:177), quantitative data are collected on close-ended questions based on predetermined response scales, or categories. The participants in this study answered the questionnaire given to them.

Johnson and Christensen (2012:162) define a questionnaire as a self-report data-collection instrument that each research participant fills out as part of a research study. Furthermore, questionnaires can be used to collect quantitative, qualitative, and mixed data. In this study, the questionnaire on the school managers (Principal, Deputy Principals, and HODs) was mainly intended to find out their challenges and also their perceptions regarding management of teenage pregnancy and how the challenges could be addressed.

Questionnaires were distributed to 24 secondary schools in Vhembe District. In order to adhere to ethical considerations, prior to the distribution of the questionnaire, letters were distributed to the principals of selected schools, explaining the significance of the study, and also requesting them to allow their SMT members to participate in the study. The design of the questionnaire in this study followed some guidelines alluded by Cohen, Manion and Morrison (2011:382). The questionnaire includes both closed and open ended questions.

The questionnaire is divided into five sections, namely: Section A: Biographical data, Section B: Knowledge on Teenage Pregnancy, Section C: Perceptions on teenage pregnancy, Section D: Skills for managing teenage pregnancy and Section E: General questions. Sections A to D have close-ended questions or statements while Section E has open – ended questions. When designing the questionnaire the researcher considered the fifteen key principles of questionnaire construction as shown in Johnson et al (2012: 164).

The questionnaire was piloted to at-least three secondary schools which were not part of the sample. The pilot study consisted of participants similar to the participants of the research study. Feedback from the pilot study enabled the researcher to rectify any unclear statements in the questionnaire. Piloting or Pre-testing was emphasised by

Bernard (2013:236) that, “no matter how much you do to prepare a culturally appropriate questionnaire, it is absolutely guaranteed that you will have forgotten something important or that you will have poorly worded one or more vital element”.

3.6.3 Interviews

Maree (2007:87) defines an interview as a two way conversation in which the interviewer asks the participant questions to collect data to learn about ideas, beliefs, views, opinions and behaviours of the participant. This is further supported by Johnson and Christensen (2012:198), that an interview is a data-collection method in which an interviewer (the researcher or someone working for the researcher) asks questions of an interviewee (the research participant). That is, the interviewer collects the data from the interviewee who provides the data. According to Cohen et al. (2011:409), interviews are a widely used instrument for data collection.

Jonson and Christensen (2012:198) distinguish between two types of interview: “interviews that are done face-to-face are called in-person interviews; interviews conducted over the telephone are called telephone interviews. The purpose of interviews in this study was to allow the participants to discuss their experiences regarding teenage pregnancy in their schools.

Voice recorders are commonly used to record intensive and focus group interviews (Schutt & Check, 2012:205). In this study, the researcher used a tape recorder with the permission of the participant to record the interview data. The researcher also took notes. These brief notes (called jottings) can then serve as memory joggers when writing the actual field notes at a later session (Schutt & Check, 2012:198).

Patton (as cited in Punch, 2011:145) distinguishes between three types of interviews: the informal conversation interview, the general interview guide approach and the standardized open-ended interview. Minichiolo et al. (as cited in Punch, 2011:145) provide the following continuum model for interviews: structured interviews, focused or semi-structured interviews and unstructured interviews.

Creswell (2009:179) identifies one advantage of face-to-face interviews as that it is useful when participants cannot be directly observed. According to Maree (2007:87), in the structured interview, questions are detailed and developed in advance, much as they are in survey research.

In this study, the researcher employed the structured interview model. All the respondents received the same questions in the same order, delivered in a standardized manner.

The questions that were used to obtain information were open-ended. This is supported by Creswell and Plano Clark (2011:176) that qualitative data consist of information obtained on open-ended questions in which the researcher does not use predetermined categories or scales to collect the data. The participants provide information based on questions that do not restrict the participants' options for responding.

Similarities between Interviews and Questionnaires are:

- They both seek to determine the attitudes, feelings, and beliefs of respondents;
- They both involve self-report on the part of the participants;
- They both may be used to generate QUAN (Quantitative), QUAL (Qualitative), and (MM) Mixed Method data;
- They both use a variety of somewhat overlapping formats;
- Used together, they generate complex mixed data.

3.7 DATA ANALYSIS AND INTERPRETATION

Bernard (2013:394) defines analysis as the search for patterns in data and for ideas that help explain why those patterns are there in the first place. In quantitative research, the researcher analyzes the data based on the type of questions or hypotheses and uses the appropriate statistical test to address the questions or hypotheses. The quantitative data analysis proceeds from descriptive analysis to inferential analysis (Creswell & Plano Clark, 2007:131).

According to Creswell and Plano Clark (2007:131), qualitative analysis begins with coding the data, dividing the text into small units (phrases, sentences, paragraphs), and assigning a label to each unit. In qualitative data analysis, the raw data to be analysed are text – words – rather than numbers. Cohen et al (2011:130) is of the view that the form of data analysis must be appropriate for the kinds of data gathered.

Researchers, according to Creswell and Plano Clark (2007:133), use figures to present quantitative results in a visual form, such as in bar charts, scatter-plots, line graphs, or charts. The researcher in this study used Special Packages for Social Sciences (SPSS) to analyse the data from questionnaires that were collected after distribution. Descriptive statistics of graphs using frequencies, percentages and pie charts were used to analyse the data from questionnaires. The results of the respondents are presented in the next chapter.

With regard to the interviews, the researcher started by transcribing the interview data. Johnson and Christensen (2012:520) explain transcription as the process of transforming qualitative research data such as audio recordings of interviews or field notes written from observation into typed text. The typed text is called a transcript. The researcher listened to the tape recording and typed what was said into a word processing file. However, the original data is kept safe in a mobile hard drive protected with a password.

3.7.1 Quantitative data analysis

In this study, SPSS package was used for data analysis. This is the process of presenting and interpreting numerical data. To conduct a quantitative analysis when other research methods are employed, a researcher often must engage in coding process after the data has been collected (Mouton & Babbie, 2009:412). Mouton and Babbie (2009:423) also indicate that beyond simply reporting marginally, a researcher may choose to present data in the form of summary averages or measures of central tendency (the arithmetic mode, mean and median). In this study, mean, graphs and frequency tables were used to analyse data.

Frequency distributions are perhaps the most commonly used initial summaries. They count how many in the set of units under consideration have different values, or groups of values, of the variable. Frequency distributions can usually be employed whatever the level of measurement. However, there are a number of conventions which influence different ways of grouping values (Fielding & Pillinger, 2008:3).

3.7.2 Qualitative data analysis

Mouton and Babbie (2009: 490) refers to qualitative data analysis as all forms of analysis of data that was gathered using qualitative techniques, regardless of the paradigm used to govern the research. Data analysis involves reducing the separate data points collected by the inquirer into a unified statement about the research problem. It also involves ordering, categorising, and summarising the data, as well as performing inference tests that attempt to relate data samples to the populations they arise from (Cooper, 2009:146).

According to Mack, et al. (2005:83) preparing recorded data for analysis requires transcribing all tapes and typing the transcriptions into computer files. Therefore transcription of collected data from audio tapes was done. Transcripts were read not once but several times, making comments and memos on the transcripts, developing a list of categories and reducing categories. The inductive coding was used in this study. According to Mouton and Babbie (2009:493) coding involves a process whereby certain segments of the text are attached to certain meaningful key labels or codes.

3.8 RELIABILITY AND VALIDITY

3.8.1 Reliability

Reliability refers to whether or not you get the same answer by using an instrument to measure something more than once (Bernard, 2013:46). Paul Vogt (2007:114) refers reliability to consistency of either measurement or design, that is how consistent will

multiple measurements of the same thing be and whether the design used by different researchers to study the same phenomena will arrive at the same conclusions, or at least the same evidence. In order to enhance the reliability of this study, a standardised form of questioning was used during interviews with the aim of minimising the effect of research bias. The researcher also made sure that no abstract language is used during interviews so that participants could understand every term and all interviews were recorded on a tape recorder.

The following steps were taken to enhance reliability of this study:

- A pre-test was conducted with SMT members of at least three secondary schools from Vhembe District. These respondents had similar characteristics to the study sample and they were not part of the actual study. The pre-test determined the clarity of items and consistency of the responses; that helped to ascertain whether the instrument will yield the same results.

3.8.2 Validity

Cohen et al (2011:179) defines validity as, essentially, a demonstration that a particular instrument measures what it purports to measure or that an account accurately represents those features that it is intended to describe, explain or theorise. Brink (1999:168) summarises validity as the degree to which an instrument measures what it is intended to measure. The following criteria were considered in the construction of the instrument in order to standardise the evaluation:

- The questions were formulated as simple as possible to reduce any uncertainties;
- Instructions to the respondents were as clear as possible;
- Sufficient time was given to the respondents to complete the questionnaires.

After the construction of the research instrument, it was submitted to the following person for corrections and constructive criticism:

- The supervisor of this study at the Department of Education Management and Leadership, College of Education, University of South Africa.

3.9 ETHICAL CONSIDERATION

Research ethics need to be followed when conducting any type of research, be it quantitative or qualitative. These guidelines are intended to protect the research participants' physical and mental integrity. The three main aspects to consider are consent, confidentiality and competence (Rapmund, 2005:481).

Alderson and Morrow (cited in Plowright, 2011:149) explains ethics as that which is concerned with respecting research participants throughout each project, partly by using agreed standards.

Written permission to conduct this study was requested from the ethical committee of the University of South Africa (UNISA) and it was granted. The permission to conduct research at Vhembe District has been obtained from the District Senior Manager (DSM). Informed consent from the participants was also obtained. The aim and purpose of the study were explained to all the participants. Whenever researchers conduct research on people, the well-being of research participants must be their top priority. The research question is always of secondary importance. This means that if a choice must be made between doing harm to a participant and doing harm to the research, it is the research that is sacrificed (Mack, et al, 2005:9). Participants were interviewed in private and of their own free will and they were told that they are free to withdraw at any time during the interview or remain silent if they do not feel like responding to a question. No names were recorded on the interview questionnaire.

3.9.1 Informed consent

Informed consent involves obtaining the verbal and written approval of the participants to take part in the intended research. This ensures that they voluntarily participate in the

study and that they make an informed choice following a clear explanation regarding the research process and requirements.

3.9.2 Privacy, Confidentiality and Anonymity

McMillan and Schumacher (1993:399) contend that researchers have a dual responsibility, firstly, the protection of the participant's confidence from other actors in the setting whose private information might enable them to identify them and secondly, the protection of informants from the general reading public. For Burns, both the researcher and participant must have a clear understanding regarding the confidentiality of the results and findings of a study (Burns as quoted in Maree, 2007:299). Flowing from this, all reasonable steps to maintain the confidentiality of the participants were taken care of. All the information and responses that were shared by the participants during this study were kept private, and the results were presented in an anonymous manner in order to protect the participants' identities. All audio cassettes that were used during the study are kept in a safe place.

3.9.3 Competence

Competence refers to the researcher's strict adherence to ethical guidelines throughout the research process. The researcher has furthermore to ensure that he/she has the ability and capability needed for conducting the research. The role of the researcher needs to be well-defined and explained to the participants, and the professional conduct of the researcher needs to be maintained at all times during the research process. The researcher has to be aware of his/her limitations and, should the need arise and refer to more appropriate professionals for assistance or guidance (Rapmund, 2005:482).

3.10 Research realities

Research does not always go as smoothly as one needs it to be. In this study, the researcher experienced some challenges and these groomed him into being a better researcher. Distributing questionnaires to all the 24 sampled schools in the Vhembe District took me a lot of time because those schools were far from each other. The researcher had to travel for more than 1000 km distributing questionnaires.

The researcher got challenges when he went to collect distributed questionnaires from sampled schools. He had to return to collect questionnaires in more than ten schools. The researcher found in four schools that questionnaires were not yet distributed and in one school the principal was not there and no one knew where the questionnaires were. One principal of a certain school went to an extent of telling the researcher that his SMT members were always busy to such an extent that they could not help him and he also said he did not have time for completing the questionnaires, this was one of the schools that did not return the questionnaires. However, there were other school principals and deputies who helped the researcher a lot; they had to call the researcher to remind him to come and collect the questionnaires because they were ready.

The researcher went to one school which was situated more than 80km from where he stayed only to find out that the HOD had misplaced the questionnaires, and he had to leave another seven questionnaires for SMT members.

In several schools, the questionnaires were not completed by the entire SMT, and the reason was that they have lost the questionnaires, another member of the SMT was not present and had not had time to complete it.

In the case of interviews, the researcher would find most of the SMT members not ready even though he had made an appointment. Some principals would act as if they were so busy that they cannot offer the researcher an interview. The researcher had to resort to telephone interviews in some instances though it was expensive. Just imagine a situation where one arrives at school to conduct an interview and one finds that those people he made an appointment with were not there and when you call them they tell you that they are sorry they had forgotten about the interview.

In a nutshell, it was not so easy to conduct this study. I learned that the researcher needs to be patient, strong, and courageous, persevere and stay focused. Most of the educators were not eager to participate in this research due to, for example, the load of work they have of curriculum delivery and monitoring. However, some did not want to expose the situation of their school regarding teenage pregnancy. Whatever the reason might be, the researchers have to face the reality that their studies are not the priority of the participants that is why researchers have to be patient while looking for information.

3.11 CONCLUSION

In this chapter, the research design, research methodology and the research instruments have been discussed. The chapter also described the data collection. Furthermore it outlined the research methods, sampling procedure and the selection of a sample for this study, the types of tools for collecting data, as well as the plans of how the research was conducted or executed.

The rationale for choosing the mixed method research was situated in the fact that in the mixed method research both numerical and text data are collected and analysed to address different aspects of the same general research problem and provide a fuller understanding (Maree, 2007:15). The other reason for choosing the mixed method research design was the fact that the research problem presented in this study could easily be addressed when both qualitative and quantitative research approaches were combined.

Chapter 4 explains the findings of the empirical study and of the individual interviews and the questionnaires. The data is represented in the form of tables and different types of graphs.

CHAPTER 4

THE RESULTS, ANALYSIS AND DISCUSSIONS OF THE STUDY

4.1 Introduction

The methodology used in this chapter was outlined in the previous chapter, while the literature review chapter provided the background to this report. This chapter focuses on the analysis and interpretation of both quantitative and qualitative data. Quantitative data was collected by means of questionnaires.

Questionnaires were distributed to the school management teams (SMTs) of different schools. After retrieving the questionnaires from the respondents, they were analysed statistically, using frequency distribution tables. The data was also represented graphically.

Qualitative data were obtained by presenting and interpreting various themes and findings which emerged from the data collected through semi-structured interviews. The data obtained by means of the qualitative research approach were processed by transcribing all the interviews and analysing the findings according to different themes.

4.2 Quantitative Data

The following descriptive data analysis was used to analyse data from the 107 questionnaire returned out of 120 distributed. Tables, pie charts, bar and cone graphs were used to analyse the data. The questionnaire consisted of five sections. Section A: Biographical Data of the respondents; Section B: Knowledge on teenage pregnancy; Section C: Perceptions on teenage pregnancy; Section D: Skills for managing teenage pregnancy; Section E: General questions.

After the collection of the raw data, the data were then tabulated in a data sheet using the coded values. The data sheet was constructed on a spreadsheet. The main statistical methods used to analyse the data were frequency distribution, graphs and

cross-tabulation. Based on the 107 questionnaires returned from the sample of 150 members of SMTs, the following frequency tables and graphs were used to illustrate the overall responses of SMTs. The researcher also used cross-tabulation to compare the responses of the SMTs.

4.2.1 Biographical responses from the SMTs

(a) Frequency distribution: Gender

Table 8 shows gender distribution and suggests that there are more males (67, 6%) in SMT than females (32,4%). This is probably based on the gender inequality in management in South African Schools. In addition, gender imbalances have prompted the Department of Basic Education into implementation of Employment Equity Act. The main aim was to redress gender imbalances caused by the past era of apartheid where males were regarded for management posts. Therefore, this is a sample representing SMT members in Vhembe District

Table 8: Frequency distribution: Gender

Gender	Frequency	Percentage
Female	33	32.4
Male	69	67.6
Total	102	100

(b) Frequency distribution: Age of respondents

Table 9 shows the age distribution of the respondents. Statistics clearly reveal that the majority of SMT members are in the prime career which is between 45 and 55 years old (46%). These SMT members have few years to serve before retirement.

Table 9: Frequency distribution: Age of respondents

Age	Frequency	Percentage
36 - 45 years	37	35.9
45 – 55 years	48	46.6
55+ years	18	17.5
Total	103	100

(c) Frequency distribution: Post level

Table 10 illustrates post level distribution. Of the respondents, there were more HoDs than Teachers, Deputy Principals and Principals. HoDs comprise 53,3% of the total respondents. This is true in school situations where there are different HoDs for different subjects, whereas a school with more than thousand learners in Vhembe District has a maximum number of two deputy principals. In small schools where there is only 1 HoD or none, senior teachers serve in SMTs. The number of HoDs usually out number Principals and Deputy Principals.

Table 10: Frequency distribution: Post level

Post	Frequency	Percentage
Teacher	13	12.4
HoD	56	53.3
Deputy Principal	25	23.8
Principal	11	10.5
Total	105	100

(d) Frequency distribution: Professional Qualifications

Table 11 shows professional qualifications distribution. The table suggests that only 14,6% of SMT members have Masters' degrees, and most of the SMT members (37,9%) have only B.ed.degrees.

Table 11: Frequency distribution: Professional qualifications

Qualification	Frequency	Percentage
3 year Diploma	15	14.6
4 year Degree/ Degree + Diploma	28	27.2
Bed.	39	37.9
Masters Degree	15	14.6
Other	6	5.8
Total	103	100

(e) Frequency distribution: Management experiences in the current post

Table 12 illustrates management experience in the current post distribution. The majority of 39, 2% of the SMT members had experience ranging from 0-5 years in management. 37, 3% of the respondents had management experience from 6-10 years. Those with more experience in management, 21+ years were only 13, 7%.

Table 12: Frequency distribution: Management experience in the current post

Management experience in current post	Frequency	Percentage
0-5 years	40	39.2
6-10 years	38	37.3
11-15 years	4	3.9
16-20 years	6	5.9
21+ years	14	13.7
Total	102	100

(f) Frequency distribution: Workload (Period per week)

Table 13 below indicates a workload, which is a number of periods per week for SMT members. The research indicates that 43,9% of the respondents have 16-25 periods per week. Those SMT members who have more periods 36+ are 5,6% in number. Only 25,2% of the respondents have 0-15 periods per week. It indicates that many SMT members have more work to do than management issues.

Table 13: Frequency distribution: Workload (Period per week)

Workload (period per week)	Frequency	Percentage
0-15	27	25.2
16-25	47	43.9
26-35	27	25.2
36+	6	5.6
Total	107	100

(g) Frequency distribution: Number of workshops / training attended in managing teenage pregnancy

Table 14 below illustrates a number of workshops or training attended by the respondents in managing teenage pregnancy. Shockingly, 74,0% of the SMT members had never attended workshop on the management of teenage pregnancy. At most, 13,5% attended only one workshop or training on management of teenage pregnancy. This is startling and it calls for the Department of Basic Education (DBE) to organise more workshops or training on the management of teenage pregnancy in secondary schools, in particular. These results also substantiate interview findings that most SMT members were not trained, and they need training in the management of teenage pregnancy.

Table 14: Frequency distribution: Number of workshops/ training attended in managing teenage pregnancy

No. of workshops	Frequency	Percentage
0	77	74.0
1	14	13.5
2	6	5.8
3	2	1.9
4	5	4.8
Total	104	100

h) Frequency distribution: Number of teachers in school

According to table 15, 33.0% of the respondents are from big schools with 51+ number of educators and 0,9% of the respondents are from small schools with 1-10 educators. The study also indicates the results of 7,5% of respondents from standard schools with 21-25 educators. These illustrate that the study was inclusive of both small schools with 1 or no HoDs, medium schools with 3 HoDs and Deputy Principal and big schools with more than 6 HoDs and 2 Deputy Principals.

Table 15: Frequency distribution: Number of teachers in school

No. of teachers in school	Frequency	Percentage
1-10	1	0.9
16-20	13	12.3
21-25	8	7.5
26-30	12	11.3
31-35	8	7.5
36-40	3	3.0
41-45	5	4.7
46-50	21	19.8
51+	35	33.0
Total	106	100

(i) Frequency distribution : School locality

When trying to establish the locality of the schools, it emerged in Table 16 that the significant majority of 50.5% indicated that they were teaching in village schools, while none (0%) of the participants stated that they were teaching in farm schools. It was also found that 36.4% of participants taught in township schools and 13.1% of respondents taught in town/city schools. Obviously, there are more schools in villages than are in the towns and townships, which make the support of SMTs in managing teenage pregnancy a critical aspect.

Table 16: Frequency distribution: School locality

School locality	Frequency	Percentage
Township	39	36.4
Town/City	14	13.1
Village	54	50.5
Farm	0	0
Total	107	100

(j) Frequency distribution: Number of learners in school

Table 17 indicates that 52.3% respondents were from big schools with 1200+ learners. This may be due to the fact that there are many HoDs in big schools than small schools. However, 28.0% of respondents come from schools with enrolment between 401-800 and the percentage is bigger than that of middle schools with 801-1200 learners, and this can be attributed to the fact that small schools include senior teachers in their SMT, and the number is not limited, unlike in middle schools where the SMT members are those who are in promotional posts such as the principal, Deputy principal and HoDs.

Table 17: Frequency distribution: Number of learners in school

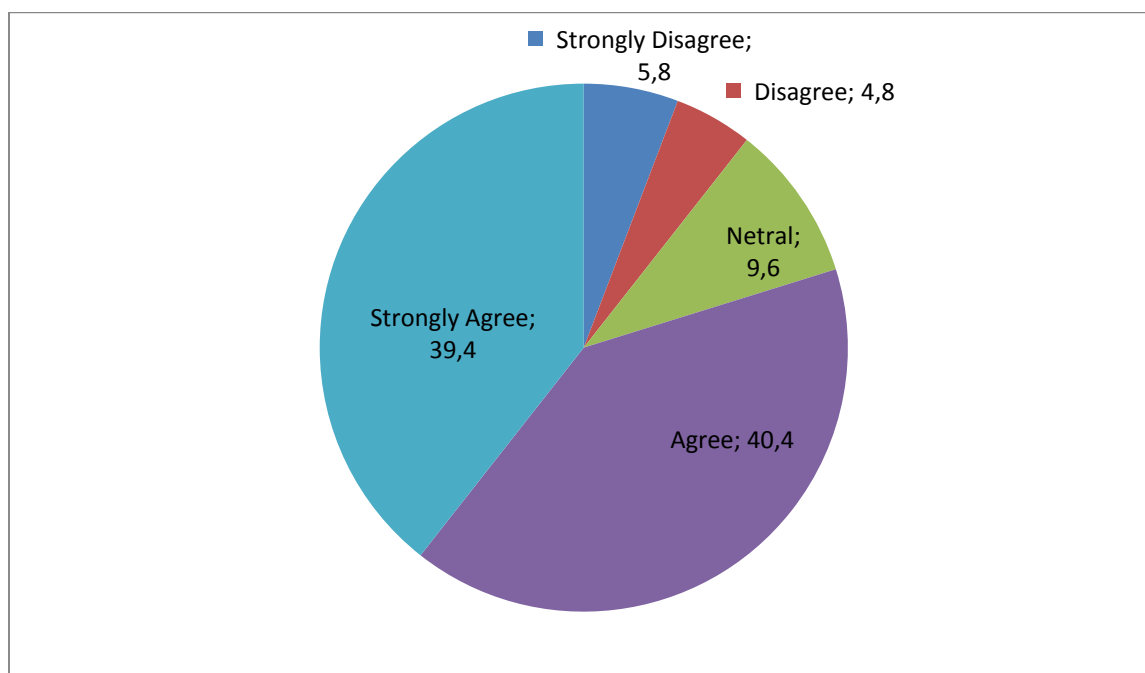
Number of learners in my school	Frequency	Percentage
401-800	30	28.0
801-1200	21	19.6
1200+	56	52.3
Total	107	100

4.2.2 Knowledge on teenage pregnancy

(a) Peer pressure is the main cause of teen pregnancy

Figure 4 illustrates peer pressure as the main cause of teenage pregnancy. An enormous majority (79.8%) of respondents agreed that peer pressure is the main cause of teenage pregnancy. The minority of respondents (9.6%) were indecisive. Only 10.6% disagreed that peer pressure is the main cause of teenage pregnancy.

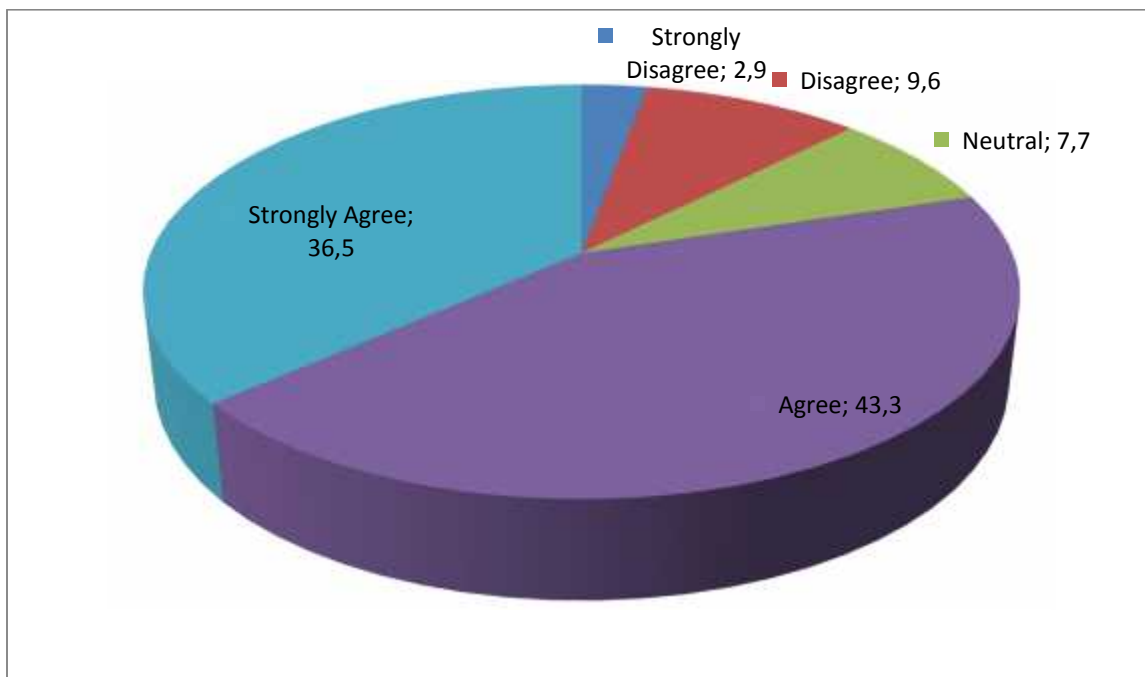
Figure 4: Peer pressure is the main cause of teenage pregnancy



(b) Alcohol and drugs play a role in teenage pregnancy

In an effort to determine the knowledge of teenage pregnancy, school managers were required to agree or disagree that alcohol and drugs play a role in teenage pregnancy. The results from this study (Figure 5) revealed that a significant majority (79.8%) agreed that alcohol and drugs play a role in teenage pregnancy as opposed to 12.5% who disagreed.

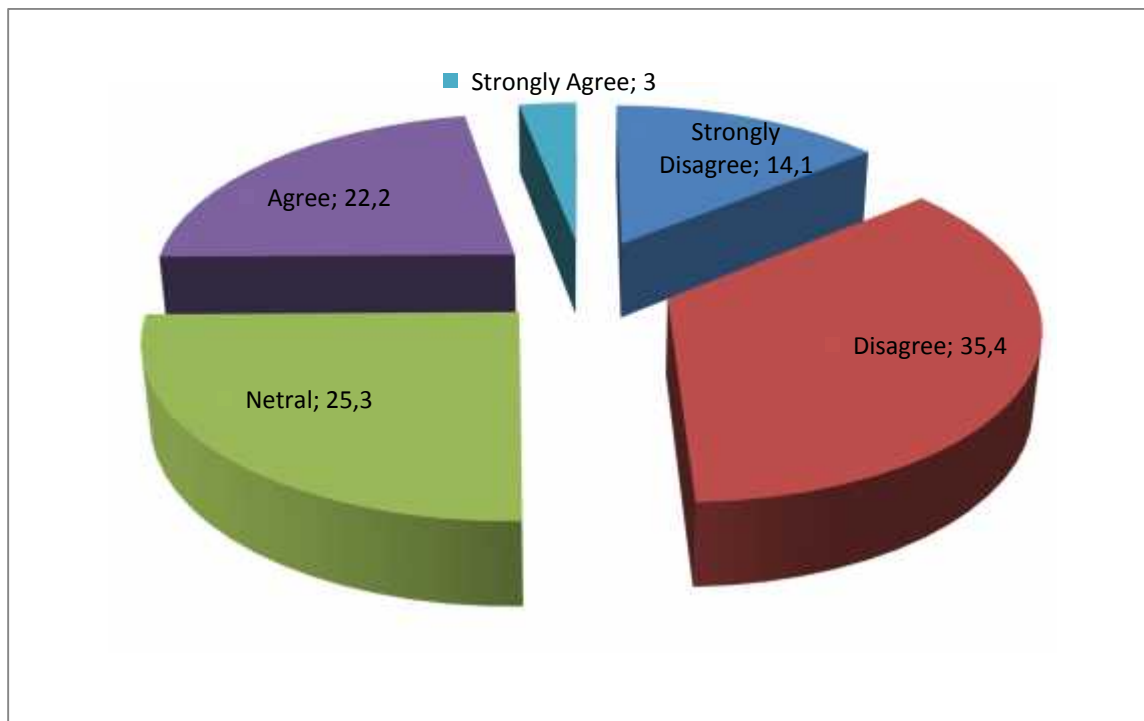
Figure 5: Alcohol and drugs play a role in teenage pregnancy



(c) **Most teenage girls are forced to have sex**

According to Figure 6, of the total population, 47.5% of the school managers agreed with the fact that most teenage girls are forced to have sex. However, 35.5% of the population neither agree nor disagreed. Only the minority (17.1%) disagreed with the fact that most teenage girls are forced to have sex.

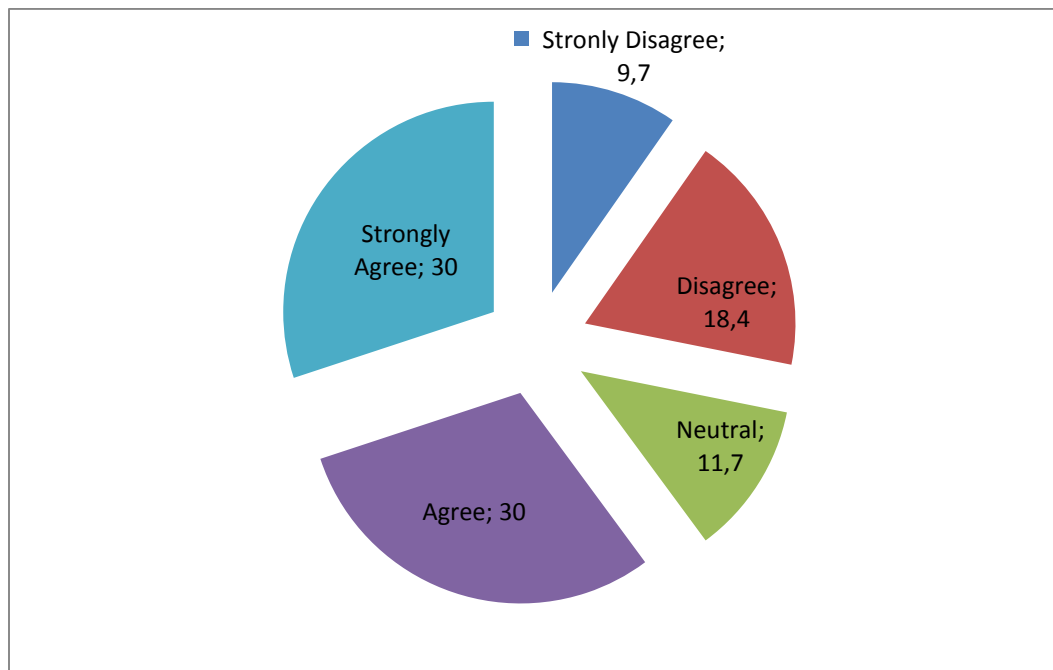
Figure 6: Most teenage girls are forced to have sex



(d) Lack of knowledge causes teenage pregnancy

Figure 7 shows that most (60.0%) of the SMTs agreed that teenage pregnancy is caused by lack of knowledge regarding sexuality education by the learners, however 28,1% do not attribute teenage pregnancy to lack of knowledge. The minority (11.7%) neither agree nor disagree to this fact.

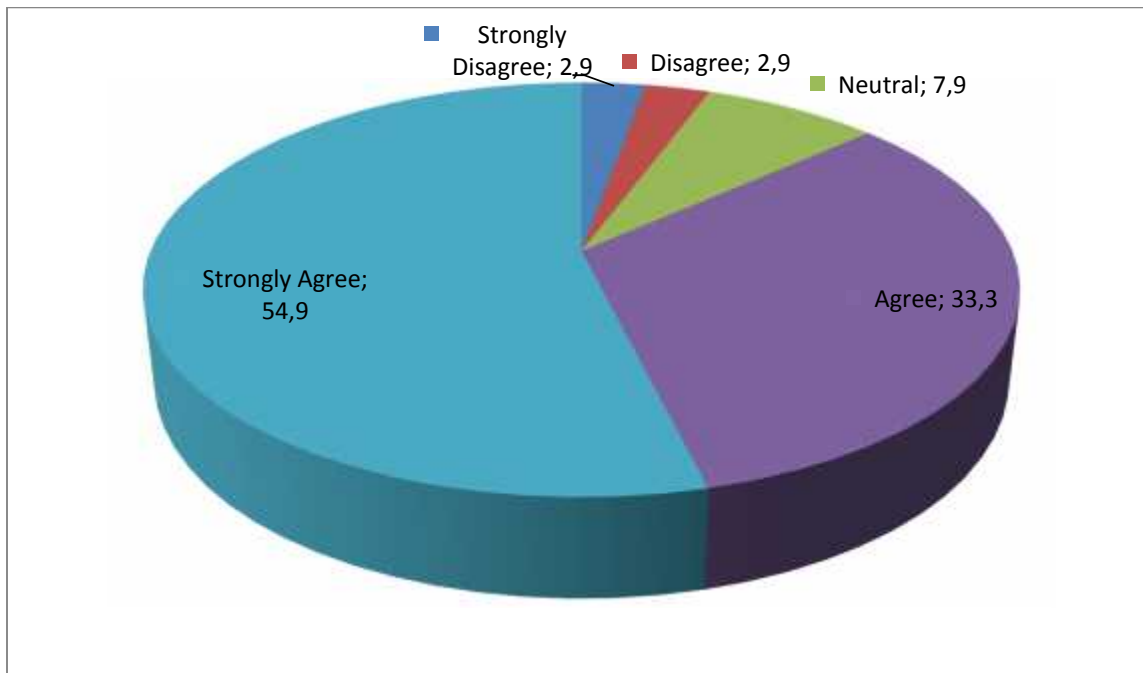
Figure 7: Lack of knowledge causes teenage pregnancy



(e) Government grant encourages teenage pregnancy

According to Figure 8, the vast majority (88.2%) concurred that government grant encourages teenage pregnancy. It means that most learners get pregnant for the sake of money from the government. However, a small percentage (5.8%) do not agree with the fact that government grant encourages teenage pregnancy. Only 7.9% of the respondents were not sure as to whether government grant encourages teenage pregnancy.

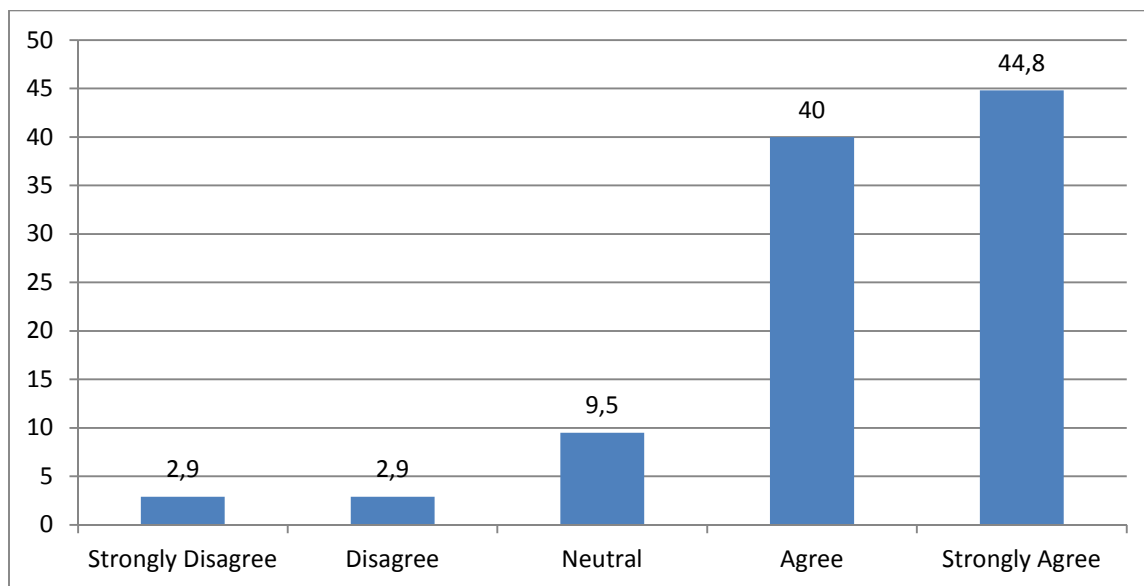
Figure 8: Government grant encourage teenage pregnancy



(f) Parents do not discuss sexuality with teenagers

The results from school managers' survey (Figure 9) indicate the immense majority (84.8%) have the same opinion about the fact that parents do not discuss sexuality with teenagers. The small percentage (5.8%) of survey population disagreed with the fact that parents do not discuss sexuality issues with their children. This is a cause for concern that there is a dire need for parents to be involved in sexual issues of their children. They have to talk openly about sex and its consequences if one becomes involved at a younger stage when she is not ready for it.

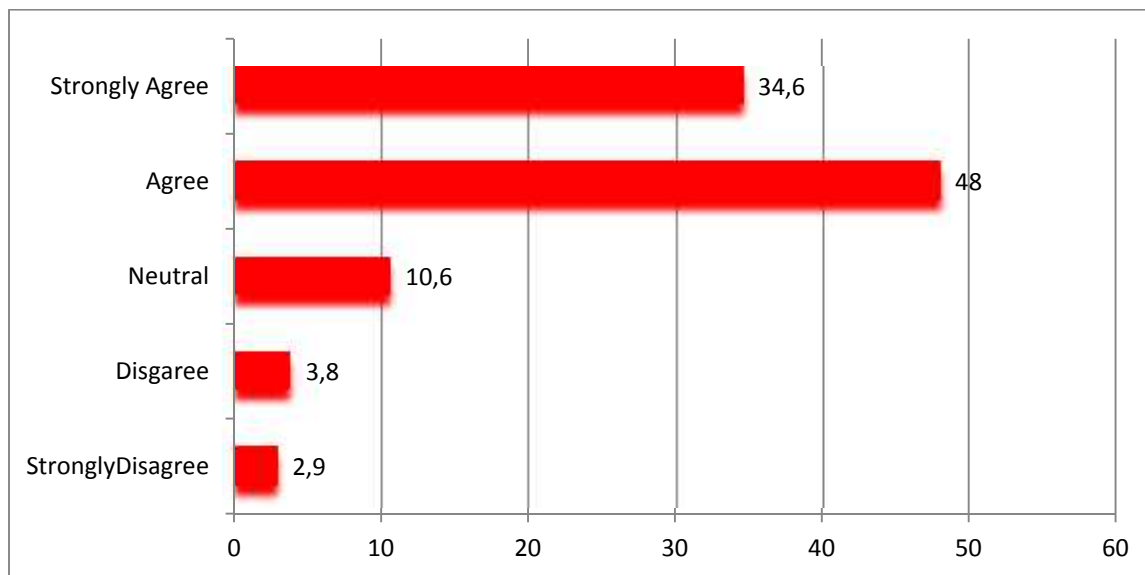
Figure 9: Parents do not discuss sexuality with teenagers



(g) The media encourages teens to experiment sex

According to Figure 10, the majority respondents (82.6%) agreed that the media encourages teenagers to experiment with sex. Teenagers watch pornographic movies and late night movies on television and some of the newspapers show explicit pictures and information meant for adults who are 18 years and above. The minority (6.7%) of the respondents disagreed with the idea that media encourages teenagers to experiment with sex. However, 10.6% of the respondents were undecided.

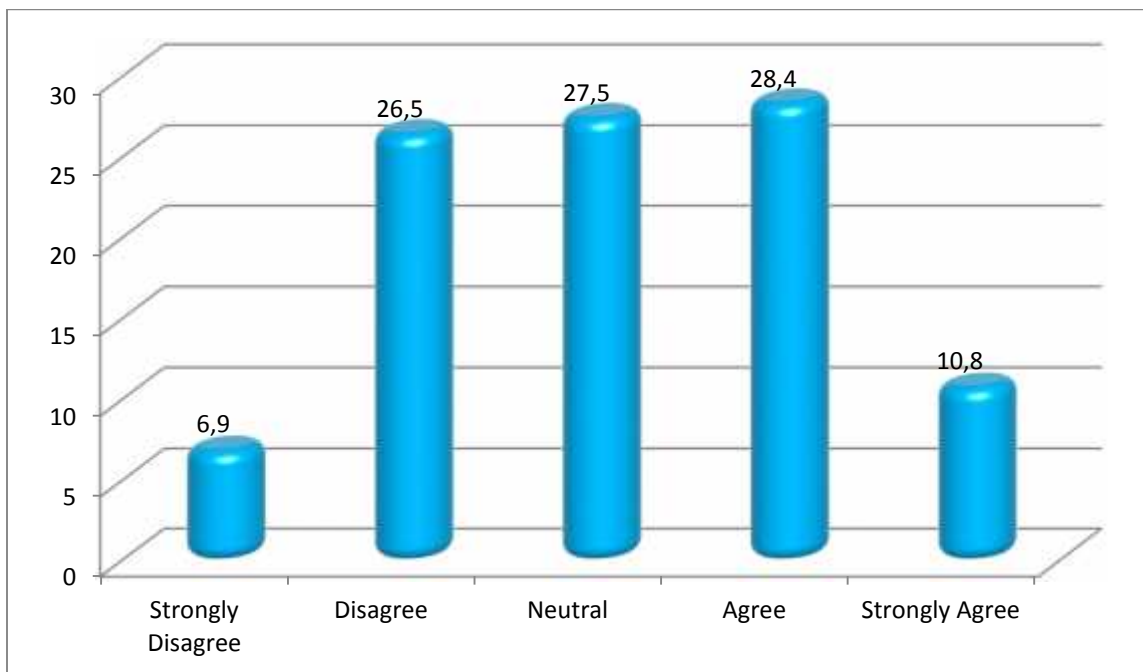
Figure 10: The media encourages teens to experiment sex



(h) Pregnant learners do not complete schooling

There is a slight difference of 5.8% between the respondents who agreed (39.2%) that pregnant learners do not complete their schooling and those that disagreed (33.4%). Only 27.5% of the entire population were undecided. This is an indication that some of the learners who get pregnant decide to stay at home or either get married before they complete school.

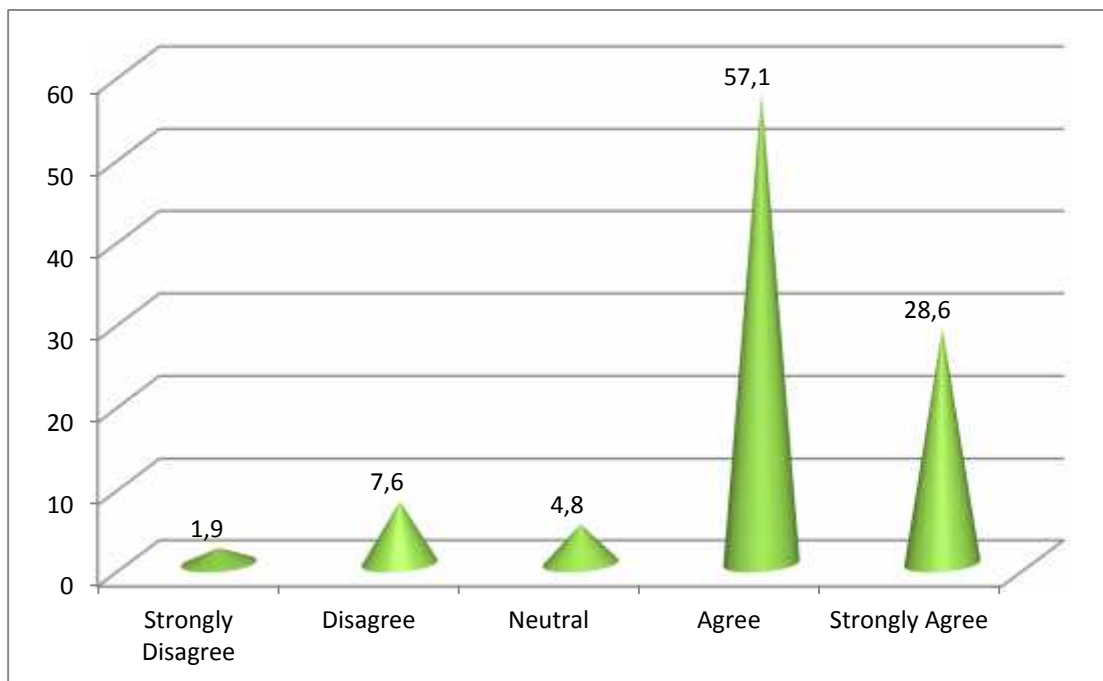
Figure 11: Pregnant learners do not complete their schooling



(i) Pregnant teenagers are mostly absent from school

Figure 12 illustrate that the vast majority (85.7%) agreed with the fact that pregnant teenagers are mostly absent from school. A small percentage (9.5%) disagreed that pregnant teenagers are mostly absent from school, however only 4.8% neither agreed nor disagreed. These learners are expected to go to clinics for monthly regular check-ups.

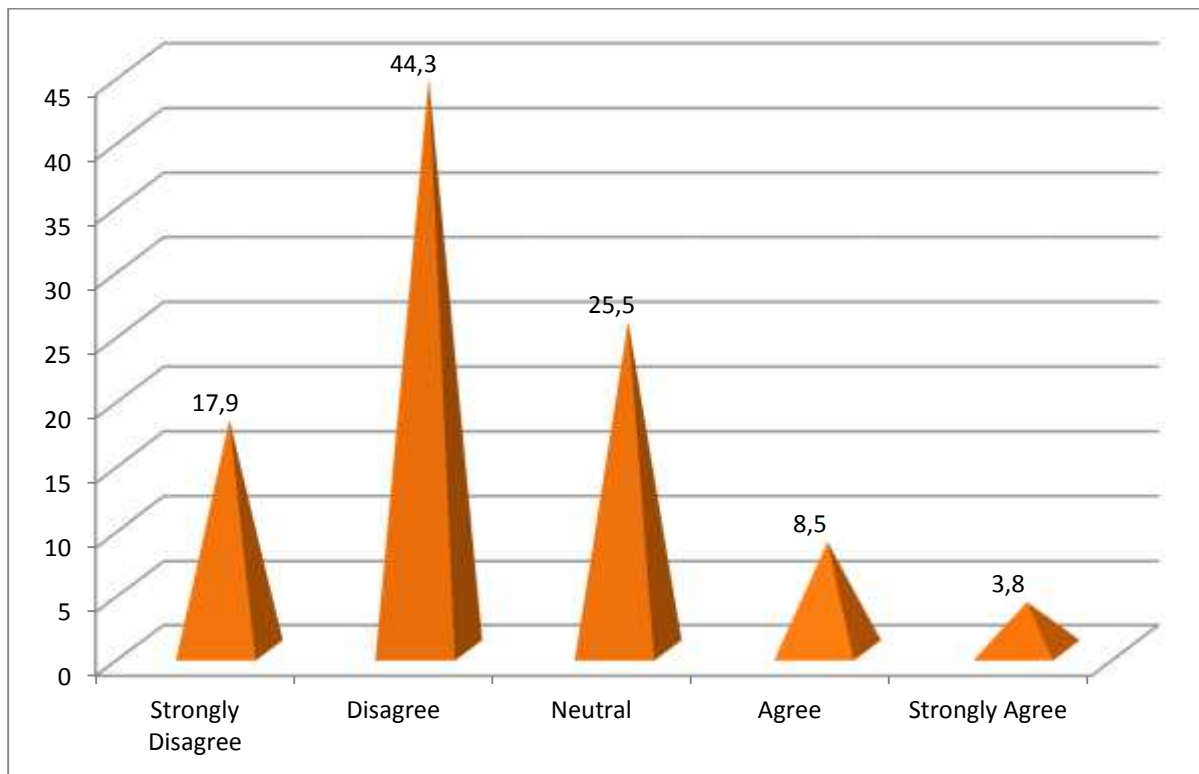
Figure 12: Pregnant teenagers are mostly absent from school



(j) Most pregnant learners commit suicide

According to Figure 13, of the total population, 62.2% of SMTs disagreed with that fact that most pregnant learners commit suicide. A small percentage of 12.3% agreed that most pregnant learners commit suicide; however, 25.5% neither agreed nor disagreed.

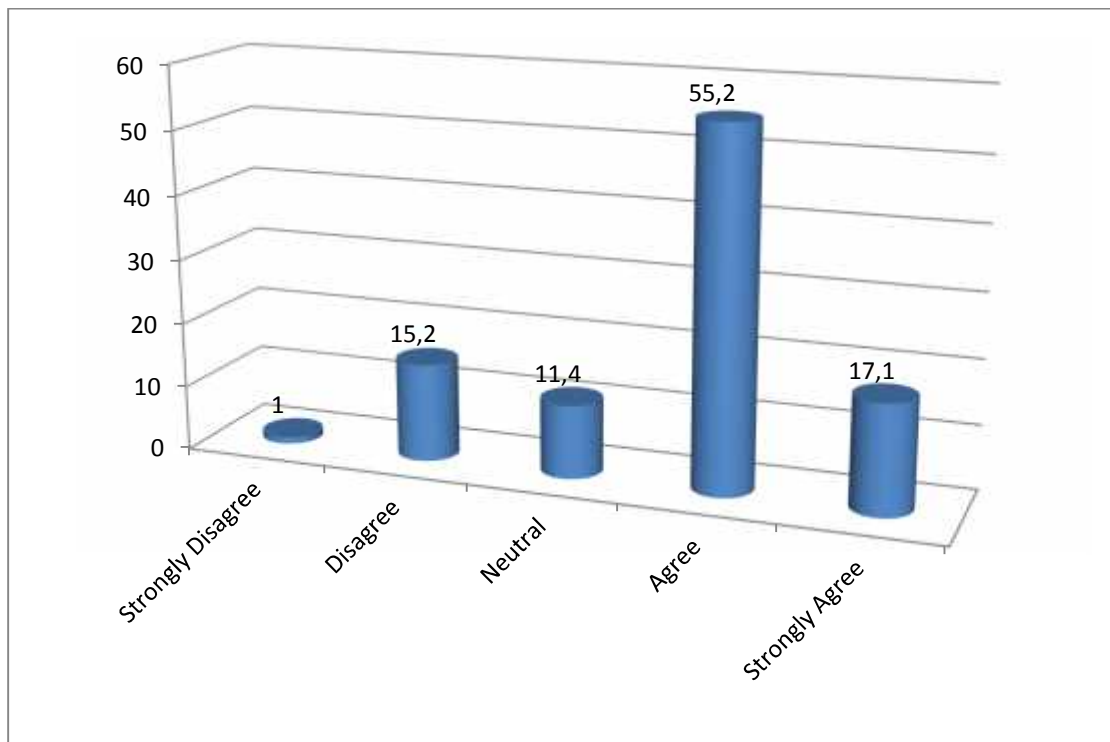
Figure 13: Most pregnant learners commit suicide



(k) Pregnant learners develop low-self-esteem

The vast majority (72.3%) in Figure 14 agreed that pregnant learners develop low-self-esteem, whereas 16.2% of the population disagreed. Only 11.4% remained neutral to the fact that pregnant learners develop low-self-esteem.

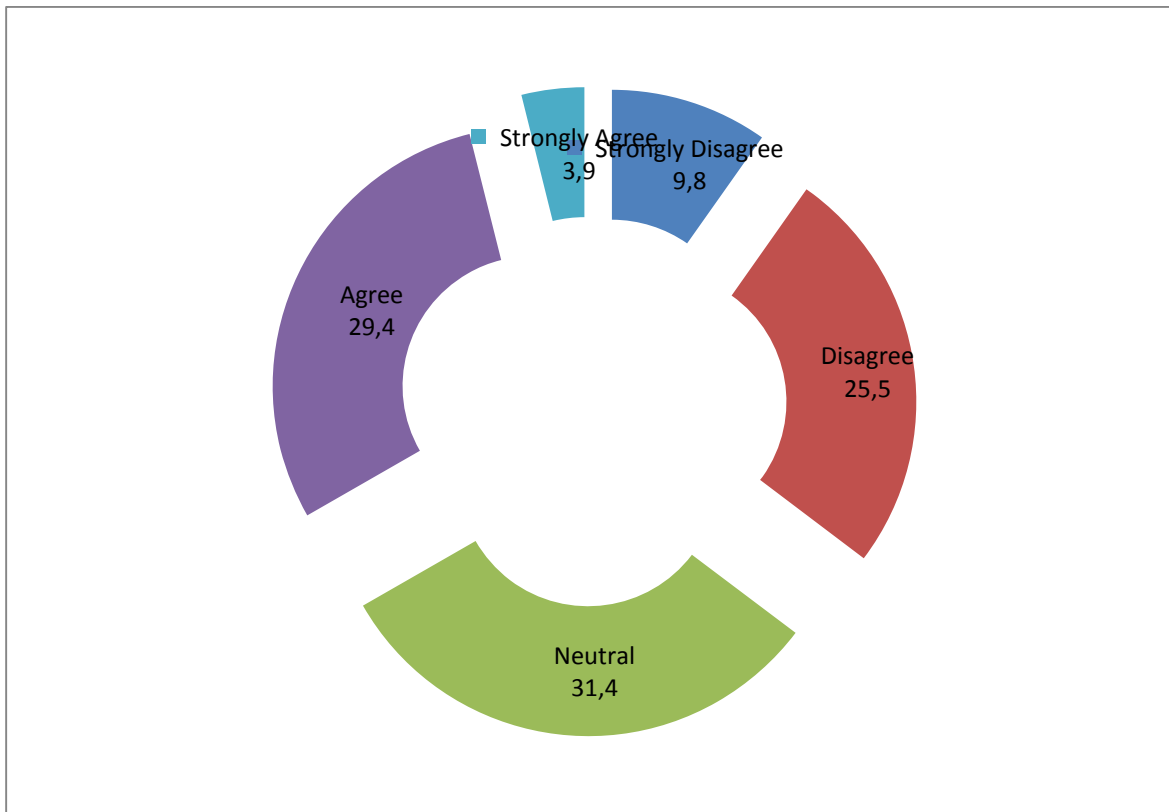
Figure 14: Pregnant learners develop low self-esteem



(l) These learners mostly opt for abortion

Figure 15 shows that most (35.3%) of the respondents did not agree with the fact that pregnant learners mostly opt for abortion and this supports the fact that they become pregnant in order to get government grant (Figure 8). However, 33.3% agreed that pregnant learners mostly opt for abortion. Only 31.4% neither agreed nor disagreed.

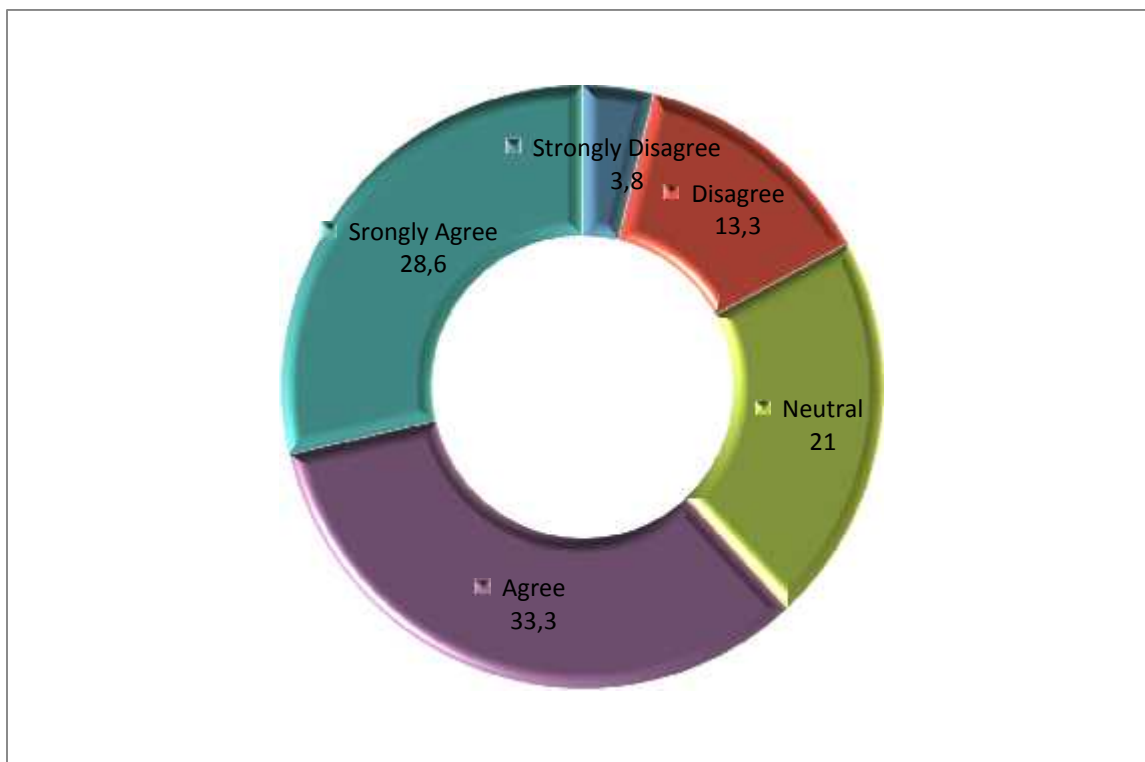
Figure 15: Pregnant learners mostly opt for abortion



(m) **The family of the pregnant learner suffers the most**

Figure 16 illustrates that the family of the pregnant learner suffers the most. Quite a number of the respondents (61.9%) agreed that the family of the pregnant learner suffers the most. They have to support their child until she gives birth. Only 17.1% disagreed with the fact that the family of the pregnant learner suffers the most. 21% of the respondents were indecisive.

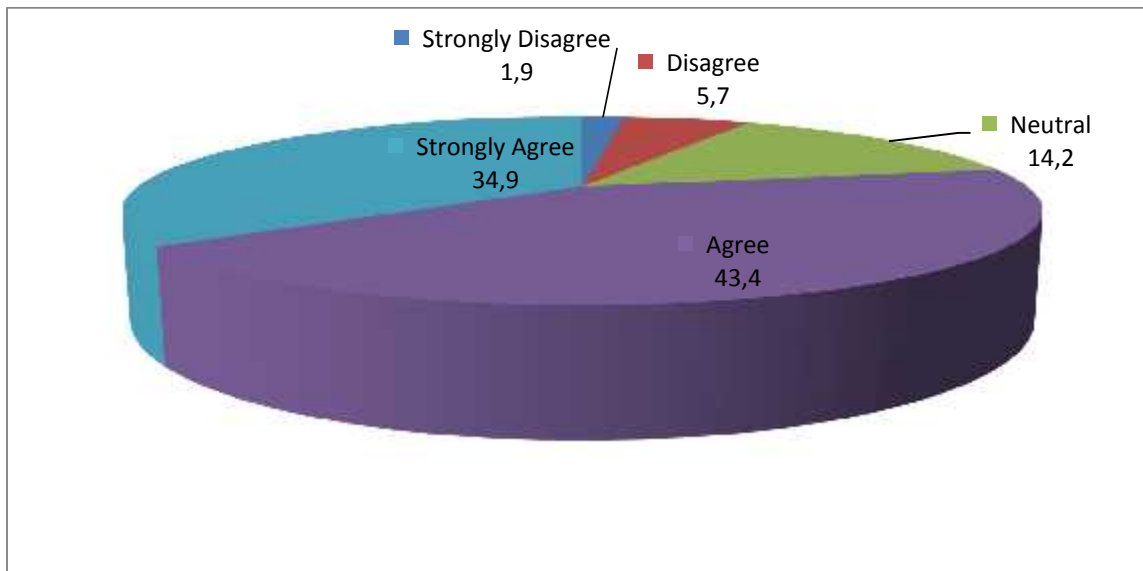
Figure 16: The family of the pregnant learner suffers the most



(n) **Pregnant teens are at much higher risk of having serious medical complications**

According to figure 17, a significant majority (78.3%) of the respondents agreed that pregnant teens are at much higher risk of having serious medical complications, as compared to a minority (7.6%) of respondents who disagreed with the fact. Only 14.2% of the respondents neither agreed nor disagreed.

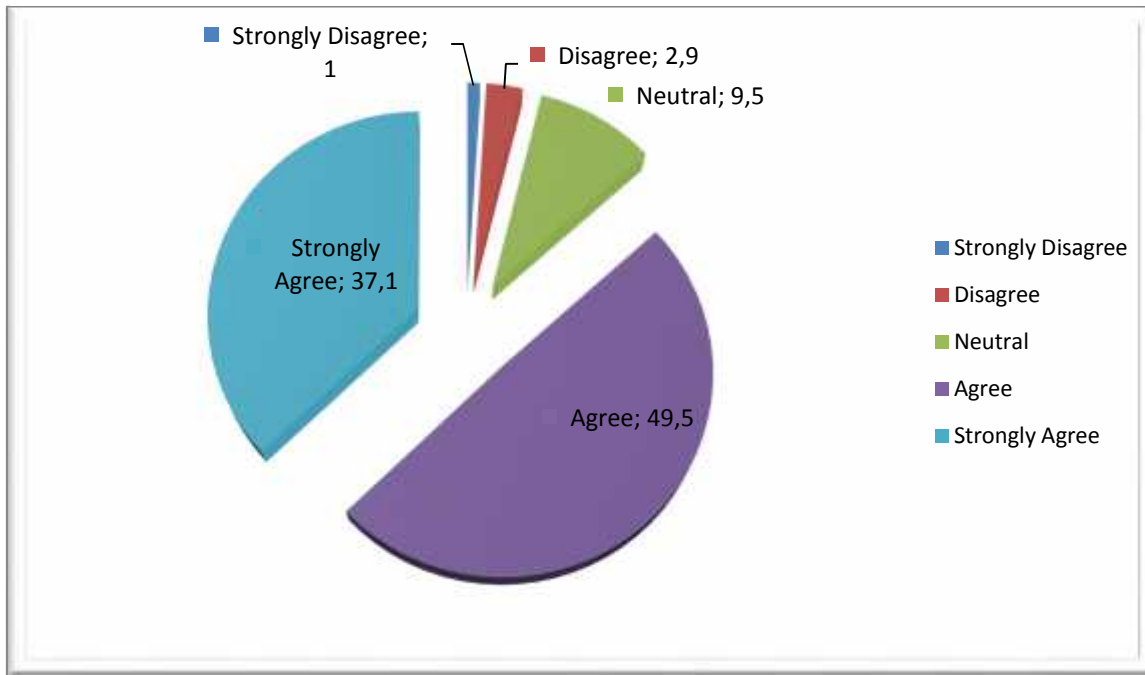
Figure 17: Pregnant teens are at much higher risk of having serious medical complications



(o) Teenage pregnancy causes tension amongst families

Figure 18 illustrates that teenage pregnancy causes tension amongst families, and the enormous majority (86.6%) agreed to this fact. A minority (3.9%) disagreed with the fact that teenage pregnancy causes tension amongst families. Only 9.5% of the respondents remain indecisive.

Figure 18: Teenage pregnancy causes tension amongst families

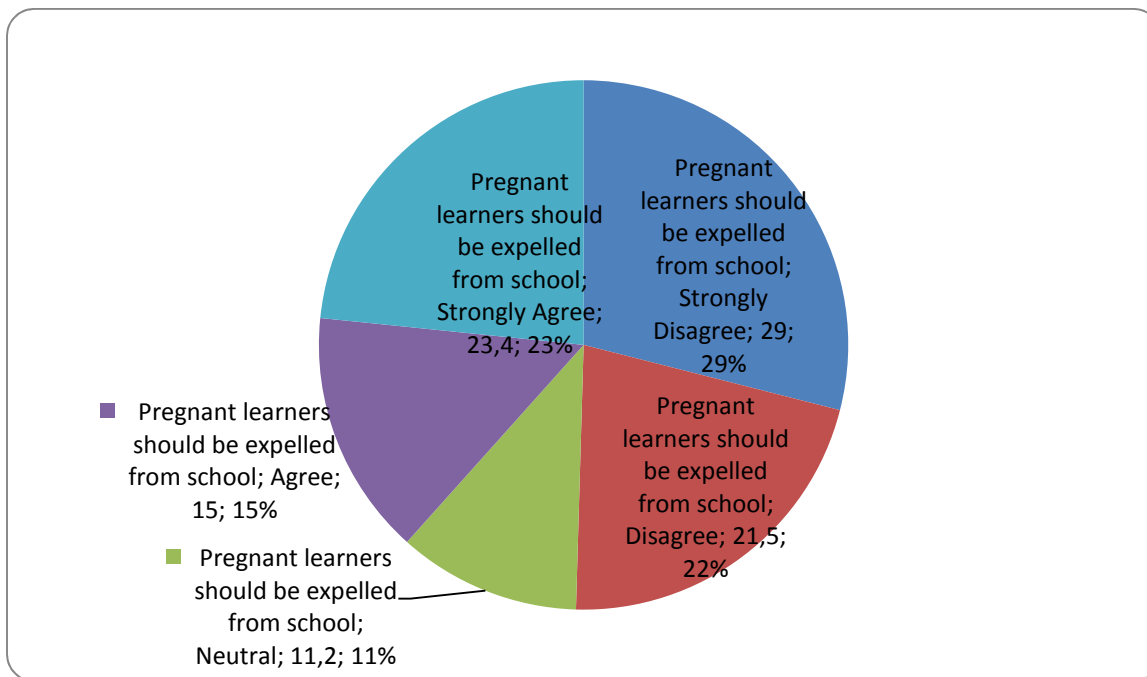


4.2.3 Perceptions on teenage pregnancy

(a) Pregnant learners should be expelled from school

Figure 19 illustrates the fact that pregnant learners should be expelled from school. Almost half (50.5%) of the respondents disagreed with the fact that pregnant learners should be expelled from school. The minority (11.2%) neither agreed nor disagreed that pregnant learners should be expelled from school. However, 38.4% agreed that pregnant learners should be expelled.

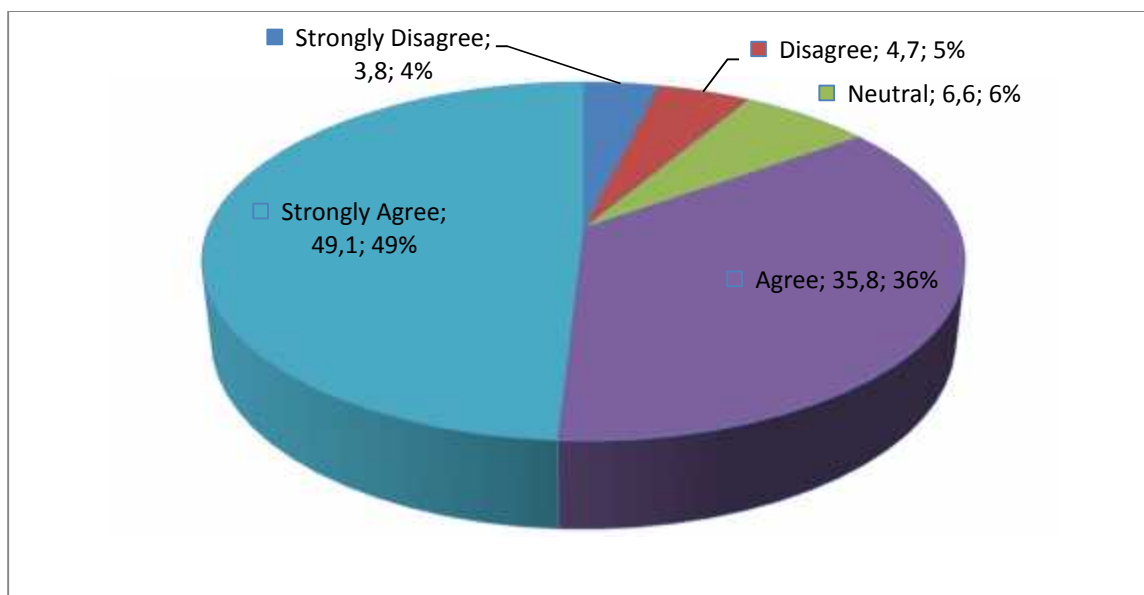
Figure 19: Pregnant learners should be expelled from school



(b) It is difficult to monitor their work when they are at home

According to Figure 20, of the total population (N=106), the immense majority (84.9%) agreed that it is difficult to monitor the work of pregnant learners when they are at home. This is informed by the Department of Education's measures for the prevention and management of learner pregnancy which states that educators should therefore continue offering educational support to the learner, within reasonable limits, and in whatever ways possible given the particular context. The minority (8.5%) did not agree that it is difficult to monitor the work of pregnant learners when they are at home, however, 6.6% neither agree nor disagree.

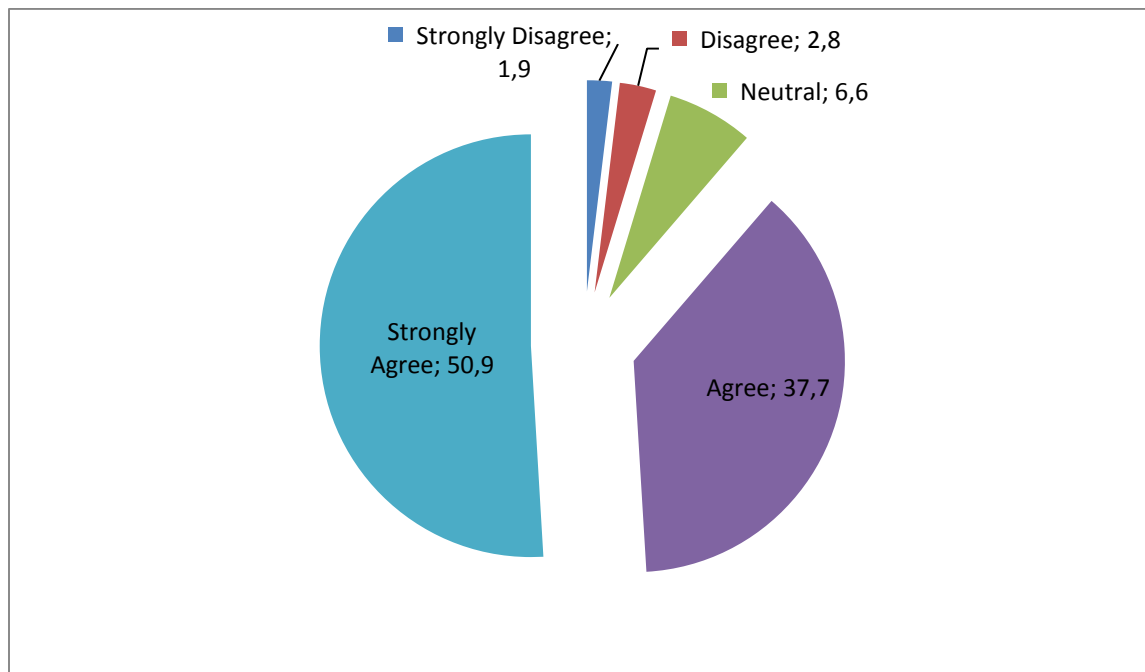
Figure 20: It is difficult to monitor their work when they are at home



(c) Parents should openly discuss sex with teens

The vast majority (88.6%) in Figure 21 agreed that parents should openly discuss sex with their children. Failure of parents to discuss issues related to sex with their children is one of the main causes of teenage pregnancy (Figure 9). Only few respondents (4.7%) disagreed that parents should openly discuss sex with their teen children.

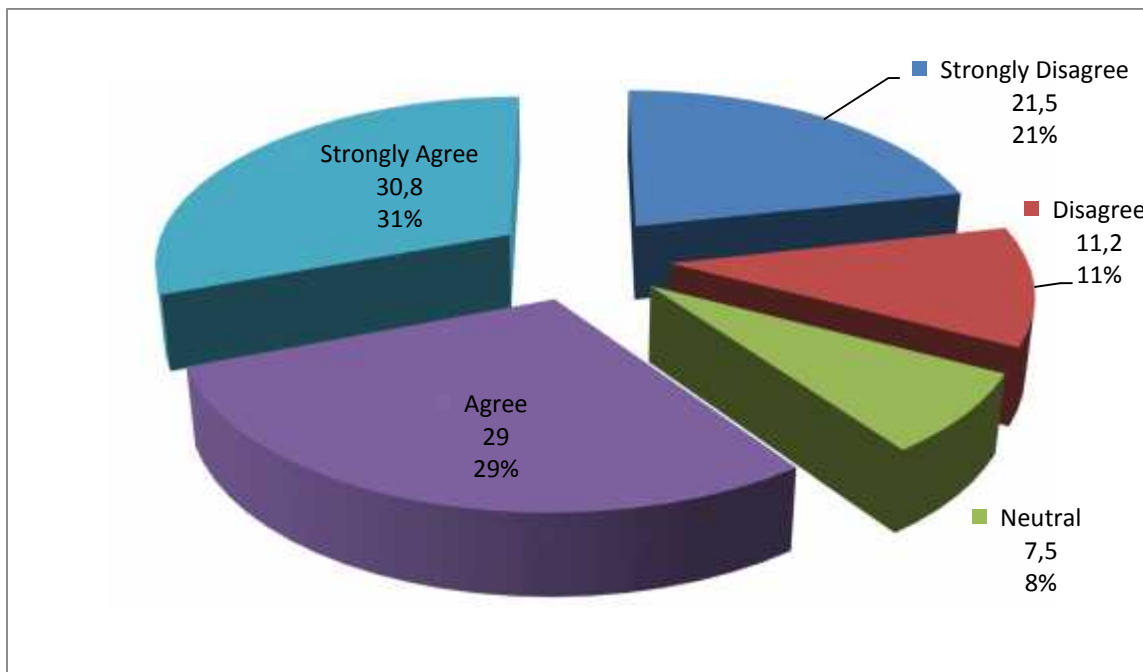
Figure 21: Parents should openly discuss sex with teens



(d) Schools should provide professional help for pregnant learners

According to Figure 22, the majority (59.8%) respondents agreed that schools should provide professional help for pregnant learners; however 32.7% disagreed that schools should provide professional help for pregnant learners. Only 7.5% of the respondents neither agreed nor disagreed.

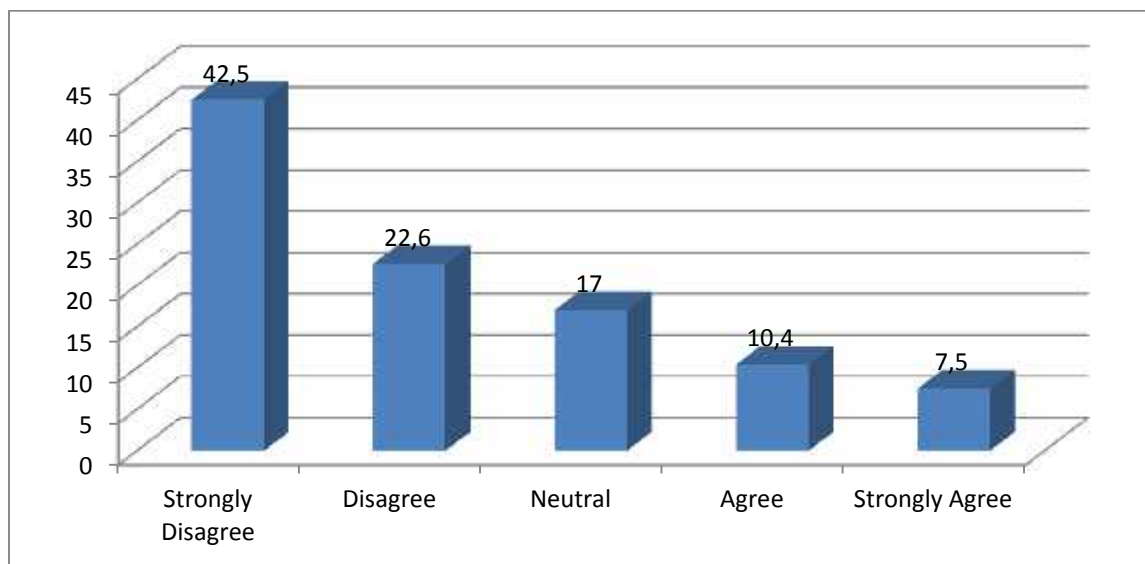
Figure 22: Schools should provide professional help for pregnant learners



(e) Condoms should be distributed at schools

Figure 23 illustrates that condoms should be distributed at schools. The significant majority (65.1%) of the respondents disagreed that condoms should be distributed at schools. A minority (17.9%) of the respondents agreed that condoms should be distributed at schools. Only 17% of the respondents were still indecisive. Condoms help to prevent pregnancy. However, the results of the study show that there is no need for condoms to be distributed at schools because some believe that they will be promoting sex to learners or giving them licence to have sex. Many respondents have negative attitude towards this fact of condom distribution at schools.

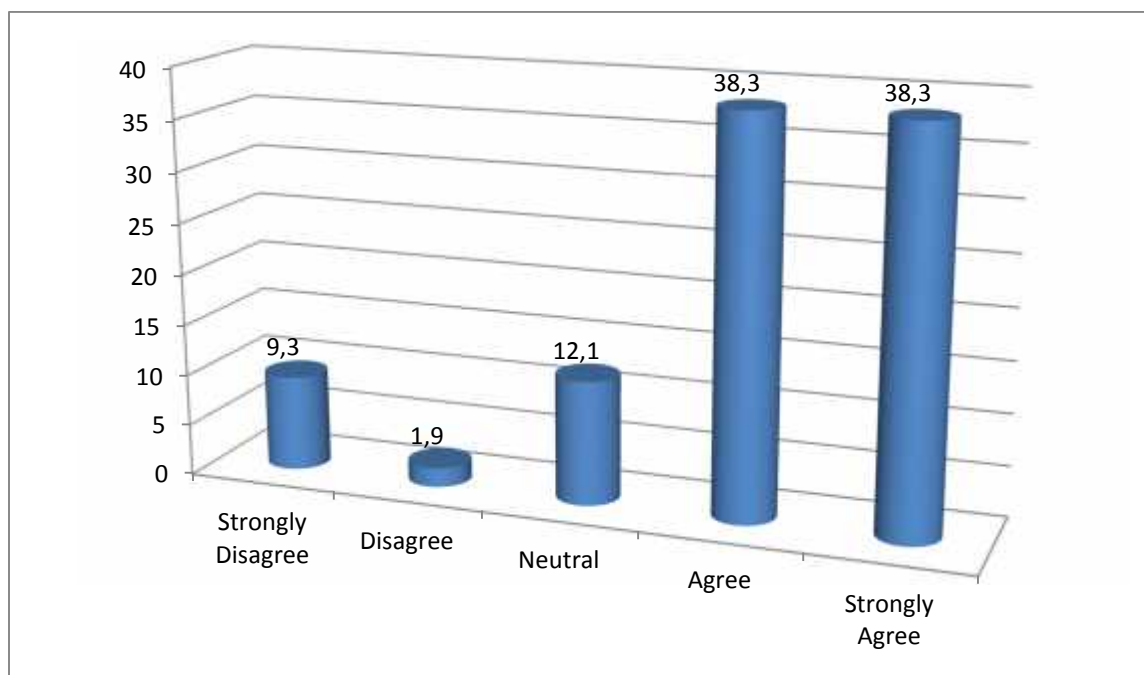
Figure 23: Condoms should be distributed at school



(f) Schools should introduce sex education

The vast majority (76.6%) of the respondents of the population (N=107) agreed that schools should introduce sex education. A minority (11.2%) of the population (N=107) disagreed that schools should introduce sex education. However, 12.1% of the respondents neither agreed nor disagreed.

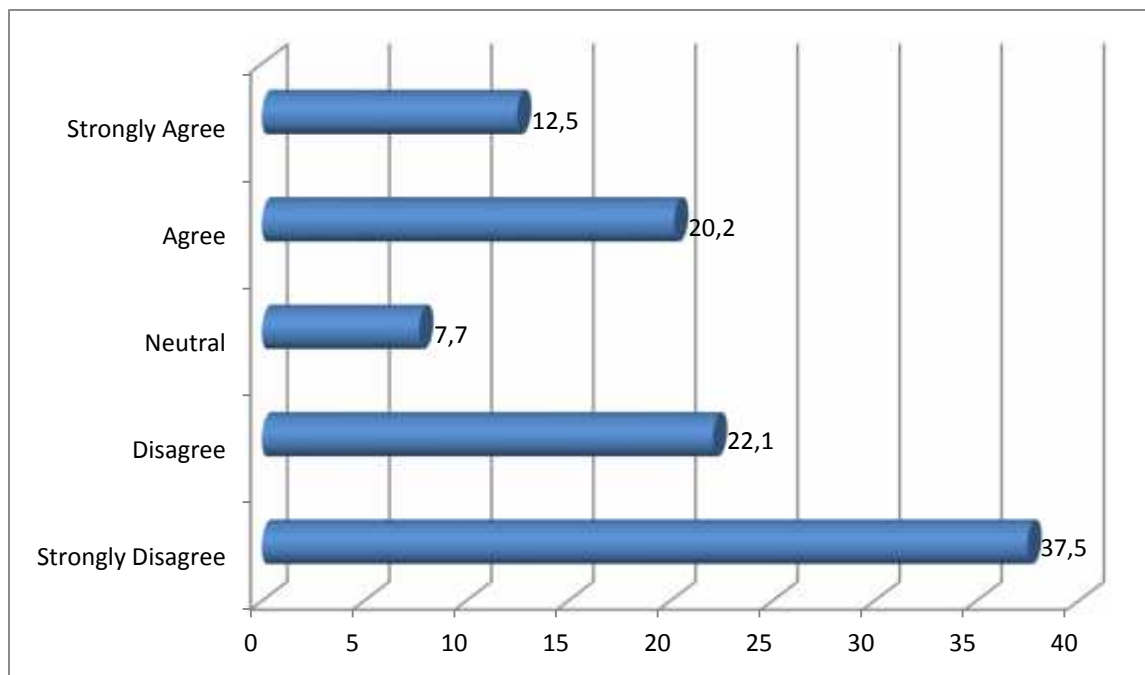
Figure 24: Schools should introduce sex education



(g) Schools should provide care givers for pregnant learners

Figure 25 illustrates that schools should provide care givers for pregnant learners. The majority (59.6%) of the respondents disagreed that schools should provide care givers for pregnant learners. Only 32.7% of the respondents agreed to the fact that schools should provide care givers for pregnant learners. A small percentage of the respondents (7.7%) were indecisive on this issue.

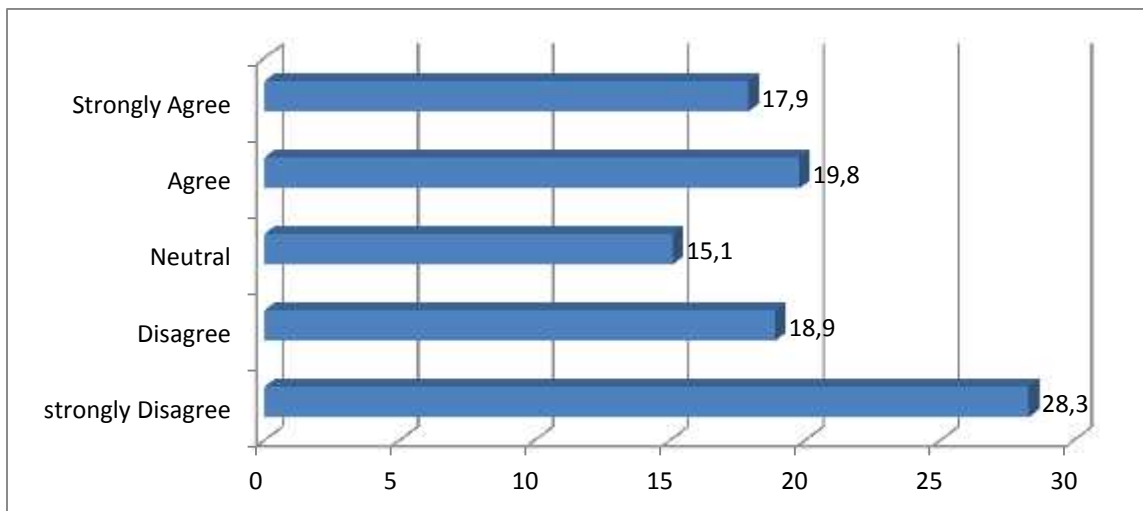
Figure 25: Schools should provide care givers for pregnant learners



(h) No learner should be re-admitted in the same year that they left school due to a pregnancy

The Department of Basic Education's measures for the prevention and management of learner pregnancy provide for the two years leave for teenage mothers. It is the view of the department of education that learners as parents should exercise full responsibility for parenting. According to these measures, no learner should be readmitted in the same year that they left school due to a pregnancy. However, the results of the study (47.2%) of the respondents of the population (N=106) disagreed that no learner should be re-admitted in the same year that they left school due to a pregnancy. Only (37.7%) of the respondents agreed that no learner should be re-admitted in the same year that they left school due to teenage pregnancy. A minority of (15.1%) of the respondents were uncertain.

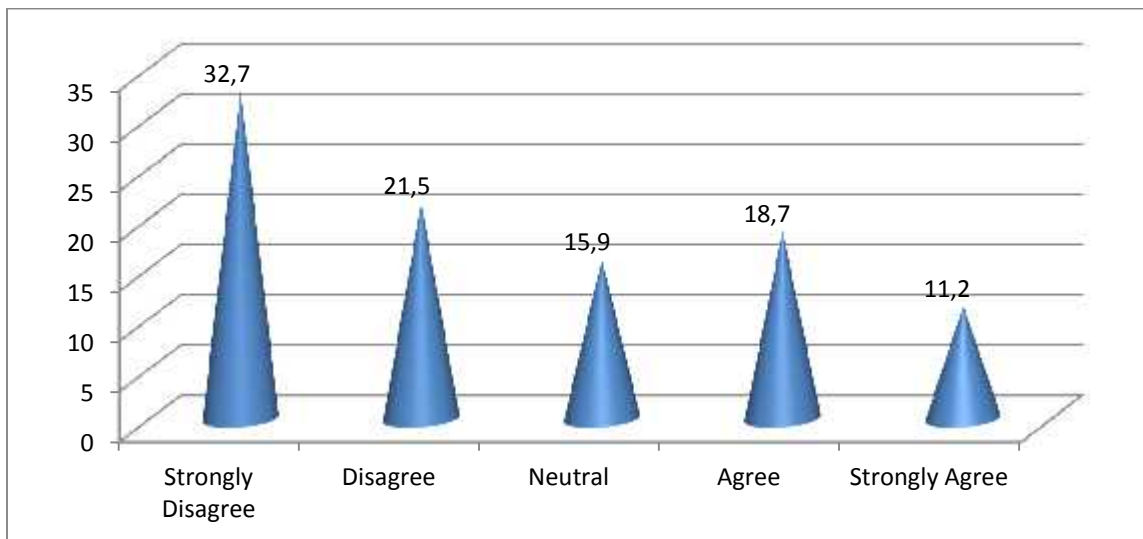
Figure 26: No learner should be re-admitted in the same year that they left school due to a pregnancy



i) Pregnant learner should receive tasks during her period of absence from school

According to Figure 27, the majority (54.2%) of the respondents of population (N=107) disagreed that pregnant learners should receive tasks during her period of absence from school. Only 29.9% of the respondents agreed that pregnant learner should receive tasks during her period of absence from school, and the minority (15.9%) neither agreed nor disagreed that pregnant learner should receive tasks during the period of absence from school.

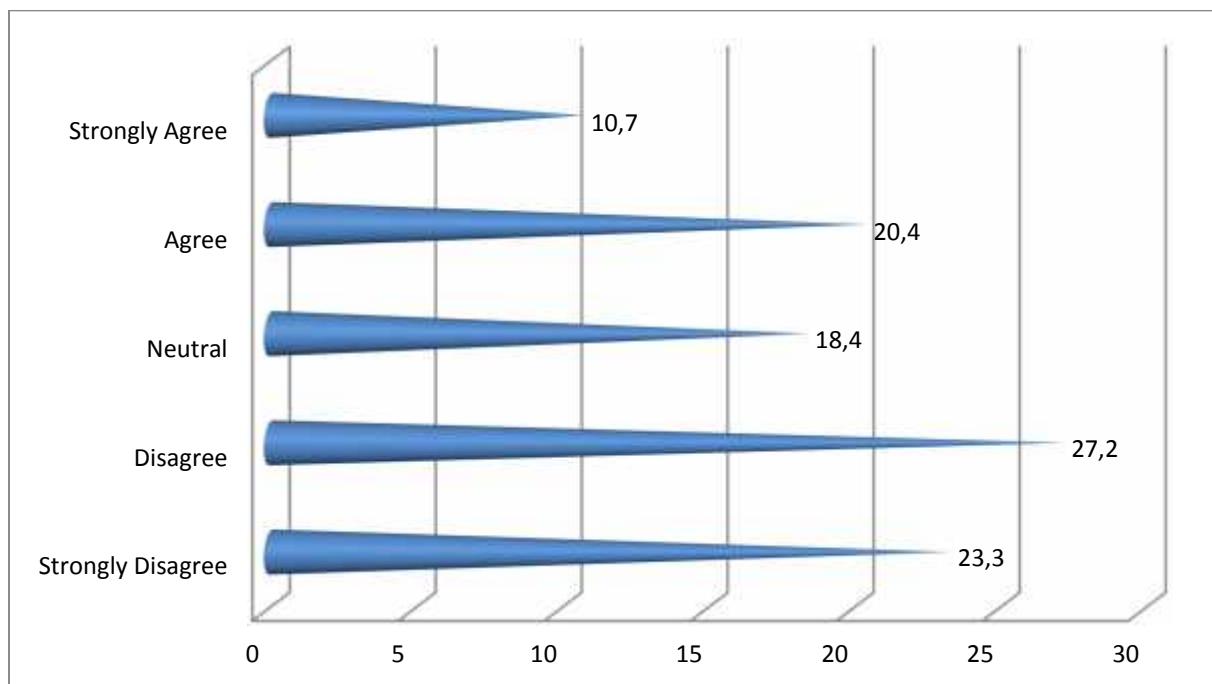
Figure 27: Pregnant learners should receive tasks during her period of absence from school



(j) The Department provides help for pregnant learners

Figure 28 shows that the Department provides help for pregnant learners. The majority (50.5%) of the respondents of the sampled population (N=103) disagreed that the Department provides help for the pregnant learners. It means that SMTs are on their own regarding management of teenage pregnancy. However, 31.1% of the respondents agreed that the Department provides help for pregnant learners. Only (18.4%) of the respondents were indecisive regarding the issue that the Department should provide help for pregnant learners.

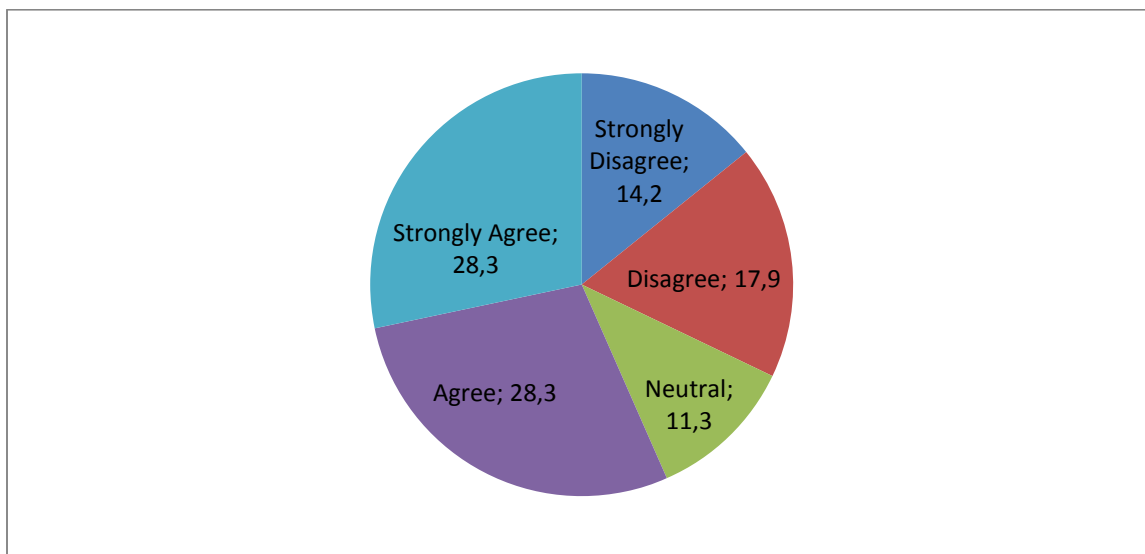
Figure 28: The department provides help for pregnant learners



(k) The Department provides clear guidelines on teenage pregnancy

According to Figure 29, the majority (56.6%) of the respondents of the sampled population (N=106) agreed that the Department provides clear guidelines on teenage pregnancy. However (32.1%) disagreed with the fact that the Department provides clear guidelines on teenage pregnancy. Only 11.3% were indecisive about the fact that the Department provides clear guidelines on teenage pregnancy.

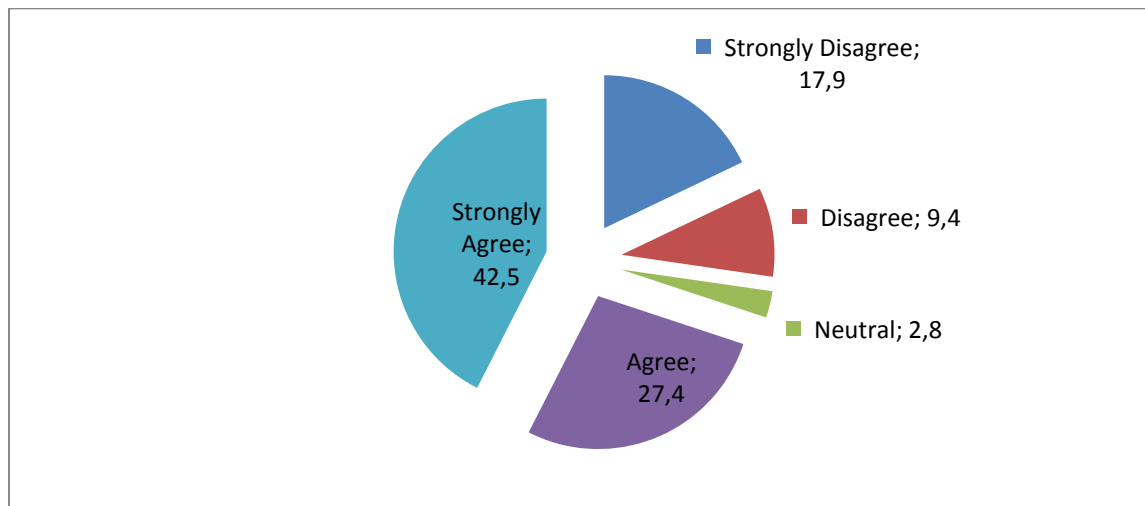
Figure 29: The department provides clear guidelines on teenage pregnancy



(I) Parents work hand in hand with schools to curb teenage pregnancy

Figure 30 illustrates that parents work hand in hand with school to curb teenage pregnancy. The significant majority (69.9%) of the respondents of the sampled population (N=106) agreed that parents work hand in hand with schools to curb teenage pregnancy. Only (27.3%) of the respondents disagreed that parents work hand in hand with schools to curb teenage pregnancy. The minority (2.8%) of the respondents were indecisive of the fact that parents work hand in hand with schools to curb teenage pregnancy.

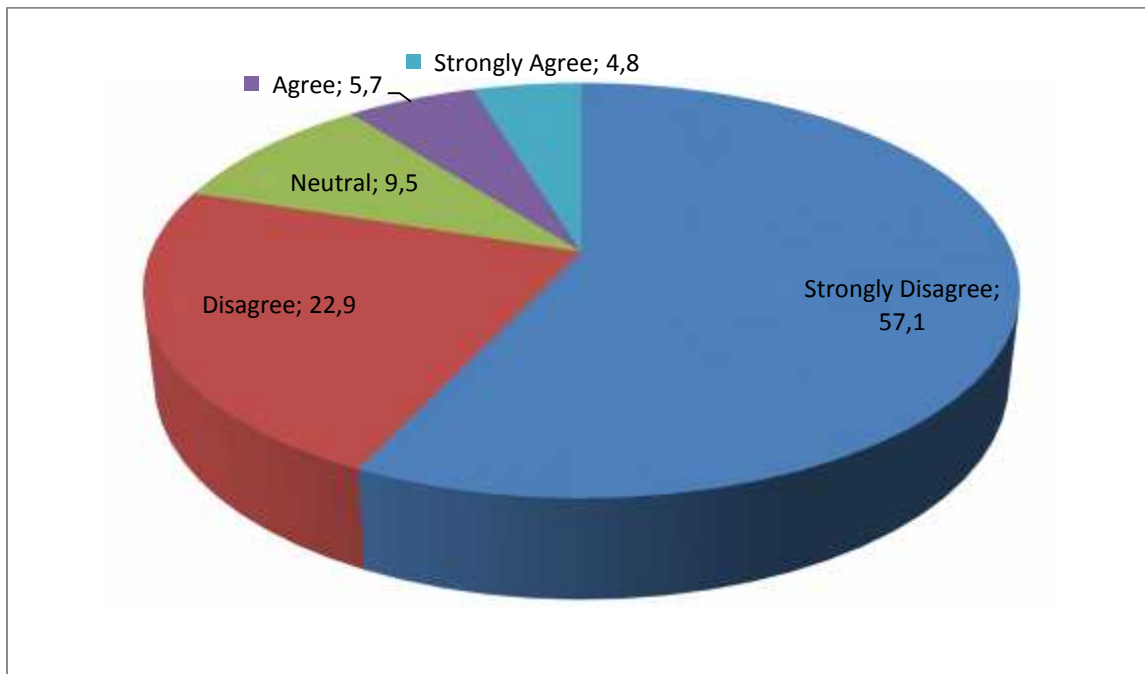
Figure 30: Parents work hand in hand with schools to curb teenage pregnancy



(m) Educators are well equipped to deal with teenage pregnancy

According to Figure 31, the enormous majority (80%) of the respondents of the sampled population (N=105) disagreed that educators are well equipped to deal with teenage pregnancy. The results indicate that most of the SMT members do not know how to deal with a pregnant learner. This is a call for concern to the Department of Basic Education (DBE) that educators need to be equipped to be able to deal with teenage pregnancy because they face it daily in their work place. Only 10.5% of the respondents agreed that educators are well equipped to deal with teenage pregnancy. The minority (9.5%) of the respondents neither agreed nor disagreed that educators are well equipped to deal with teenage pregnancy.

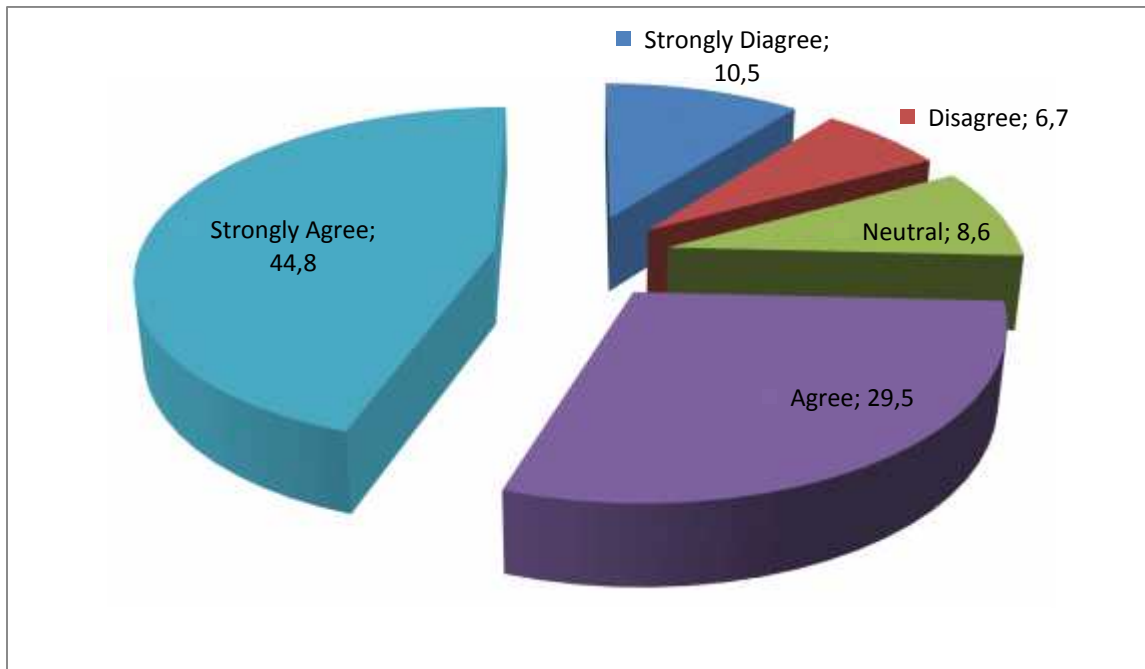
Figure 31: Educators are well equipped to deal with teenage pregnancy



(n) **The Department of Health and Social Development should provide a professional nurse or social worker assigned to service a cluster of schools**

According to Figure 32, the vast majority (74.3%) of the respondents of the sampled population (N=105) agreed that the Department of Health and Social Development should provide a professional nurse or social worker assigned to service a cluster of schools. Only 17.2% of the respondents disagreed with the fact that the Department of Health and Social Development should provide a professional nurse or social worker assigned to service a cluster of schools. However, the minority (8.6%) neither agreed nor disagreed. The results indicate that there is a need at schools to assist SMTs on issues regarding teenage pregnancy so that they could be able to focus on curriculum delivery which is their core business.

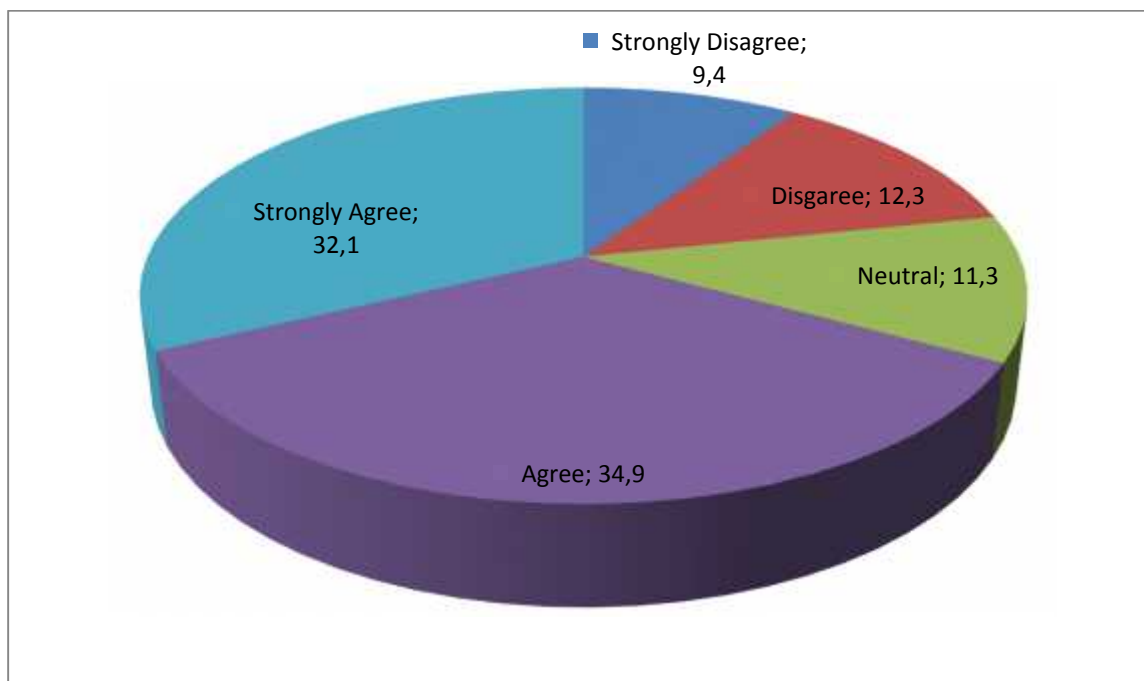
Figure 32: The department of health and Social Development should provide a professional nurse or social worker assigned to service a cluster of schools



(o) Absence of sex education in schools contribute to teenage pregnancy

Figure 33 illustrates that the absence of sex education in schools contribute to teenage pregnancy. The majority (67%) of the respondents of the sampled population (N=107) agreed that the absence of sex education in schools contribute to teenage pregnancy. Only 21.7% of the respondents disagreed that the absence of sex education in schools contributes to teenage pregnancy. However, the minority (11.3%) neither agree nor disagree to the fact that the absence of sex education in schools contributes to teenage pregnancy.

Figure 33: Absence of sex education in schools contribute to teenage pregnancy

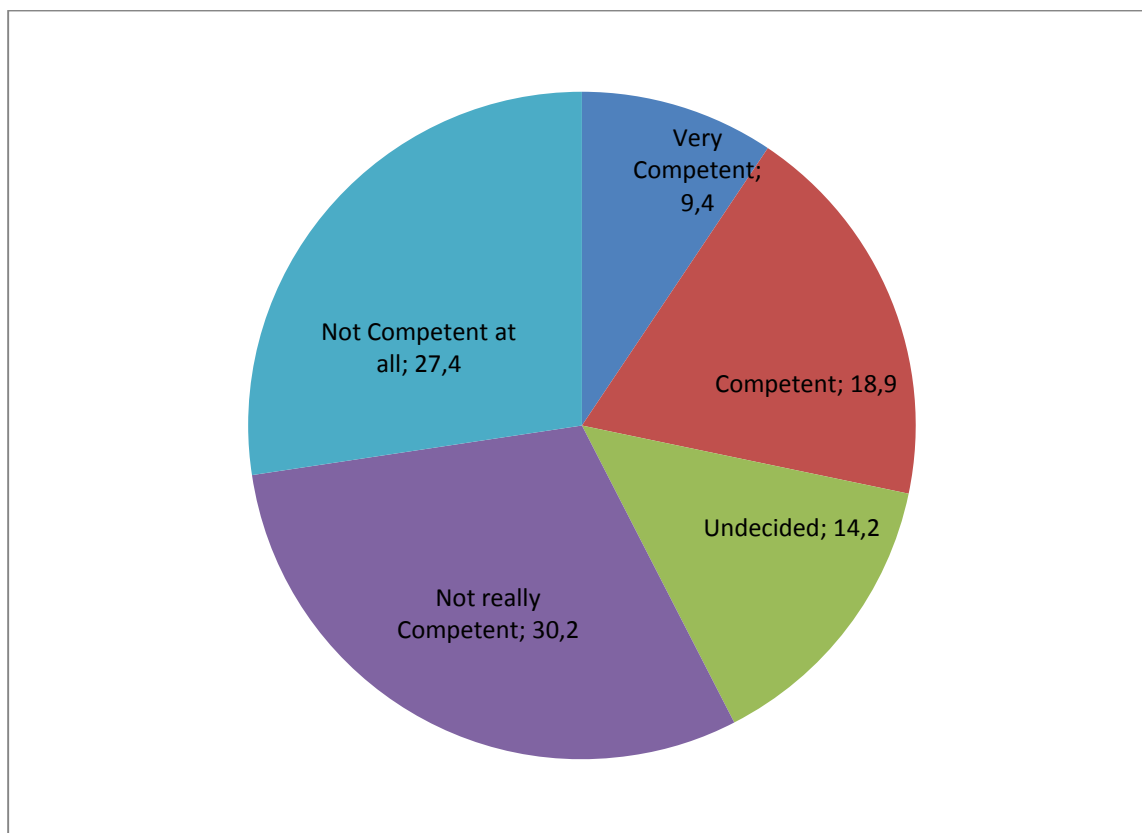


4.2.4 Skills for managing teenage pregnancy

(a) Development of teenage pregnancy policy

Figure 34 shows that 57.6% of the respondents are not competent when it comes to the development of teenage pregnancy policy. Only 28.3% of the respondents can develop teenage pregnancy policy on their own, however, the minority (14.2%) were undecided

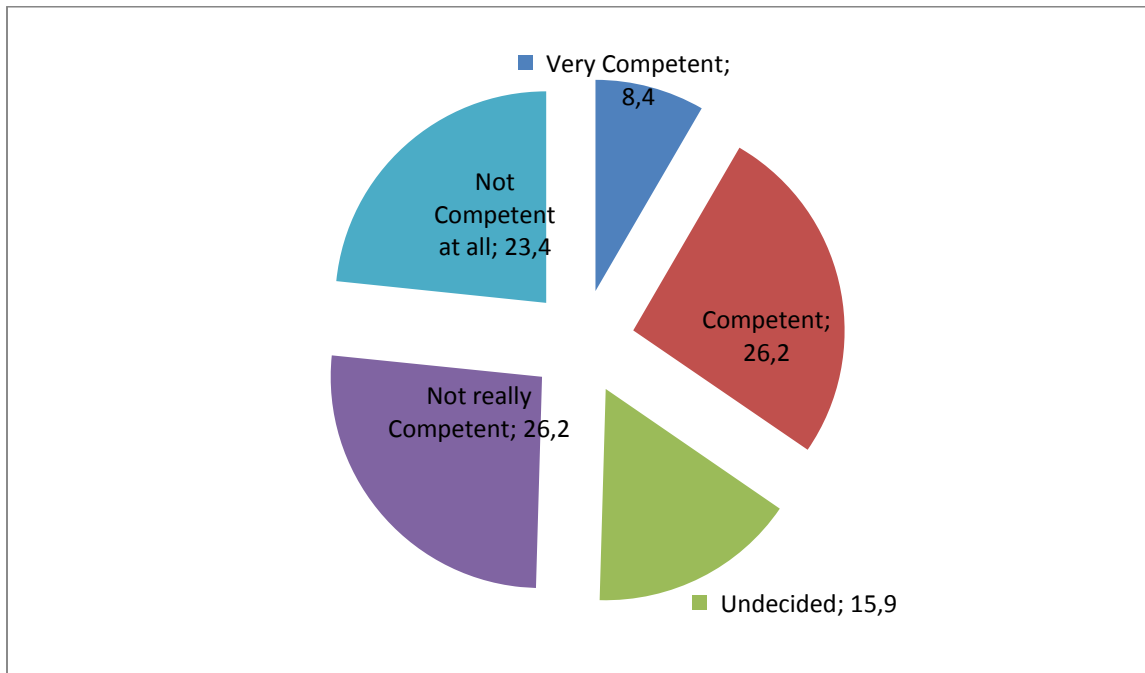
Figure 34: Development of teenage pregnancy policy



(b) Keep and maintaining a record of pregnant learners

Figure 35 illustrate the majority (49.6%) of SMT respondents who cannot keep and maintain a record of pregnant learners. Only 34.6% of the SMT respondents can keep and maintain a record of pregnant learners. The minority (15.9%) were undecided.

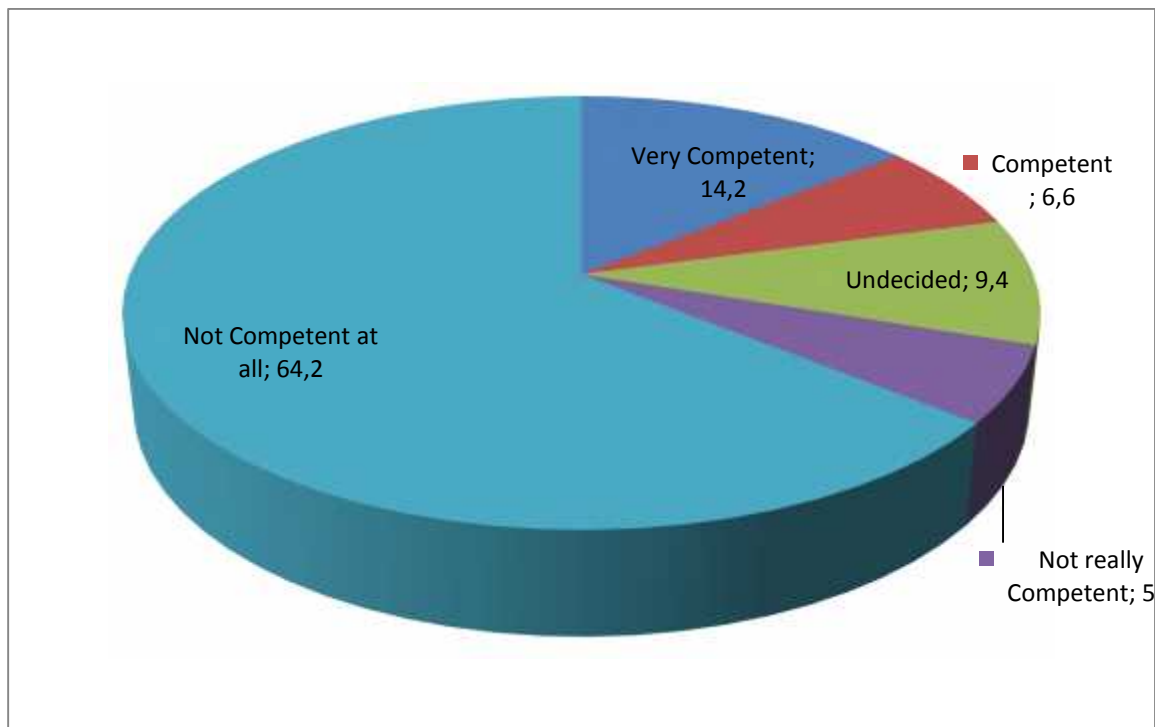
Figure 35: Keep and maintaining a record of pregnant learners



(c) Handling delivery of babies at school

The significant majority (69.9%) of the respondents in Figure 36 indicated that they cannot handle delivery of babies at school. However, 20.8% of the respondents indicated that they are capable of handling delivery of babies at school. The minority (9.4%) were undecided.

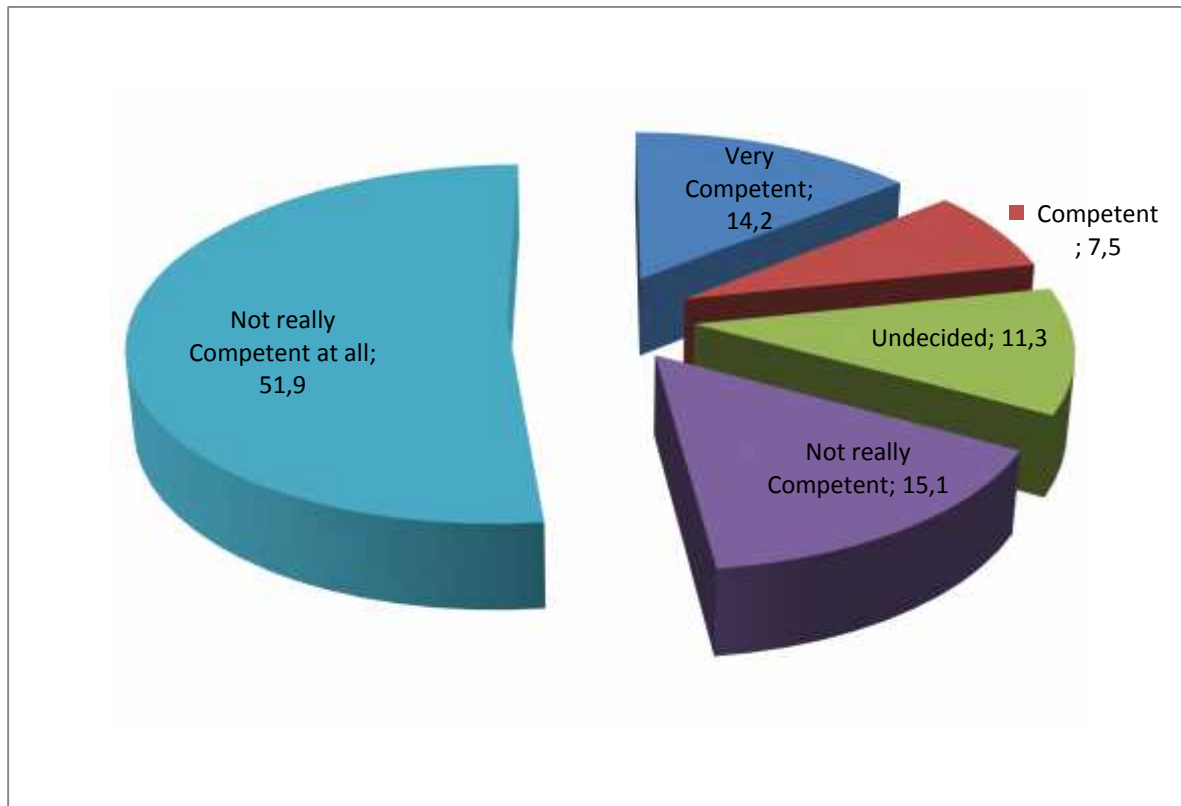
Figure 36: Handling delivery of babies at school



(d) Arranging child grant for the newly born baby

The significant majority (67%) in Figure 37 indicated that they do not have skills to arrange child grant for the newly born babies. However, 21.7% of the respondents indicated that they are capable of arranging child grant for the newly born babies. Only 11.3% of the respondents were undecided.

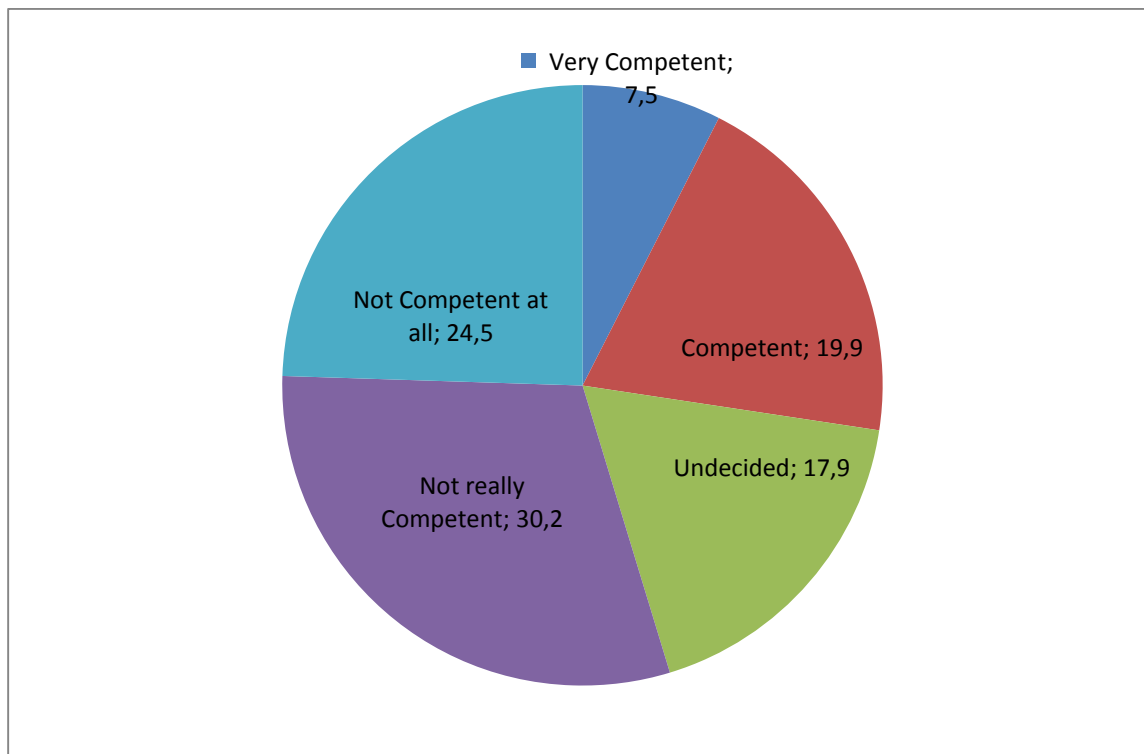
Figure 37: Arranging child grant for the newly born baby



(e) Monitoring performance of pregnant learners

Figure 38 illustrates that more than half (54.7%) of the respondents of the population (N=106) are not competent in monitoring performance of pregnant learners. However, 27.4% of the respondents can monitor the performance of pregnant learners. The minority (17.9%) of the respondents were undecided.

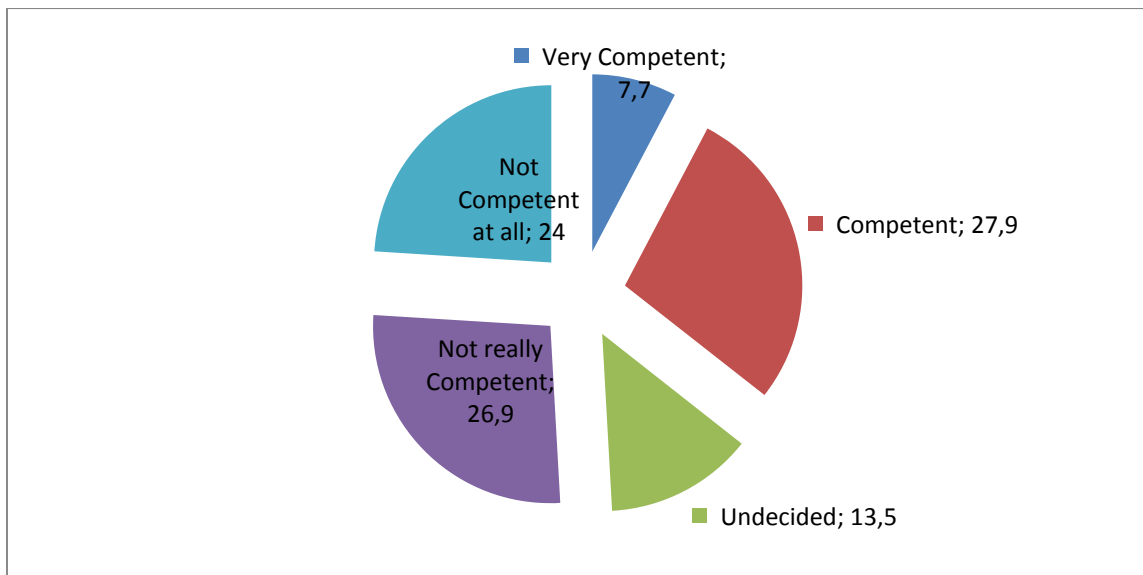
Figure 38: Monitoring performance of pregnant learners



(f) Counselling of learners on their roles and responsibilities as teenage parents

Figure 39 reveals that more than half (50.9%) of the respondents who participated in this study are not competent regarding counselling of learners on their roles and responsibilities as teenage parents. However, 35.6% of the respondents indicated that they have skills of counselling learners on their roles and responsibilities as teenage parents. Only 13.5% of the respondents indicated that they are undecided.

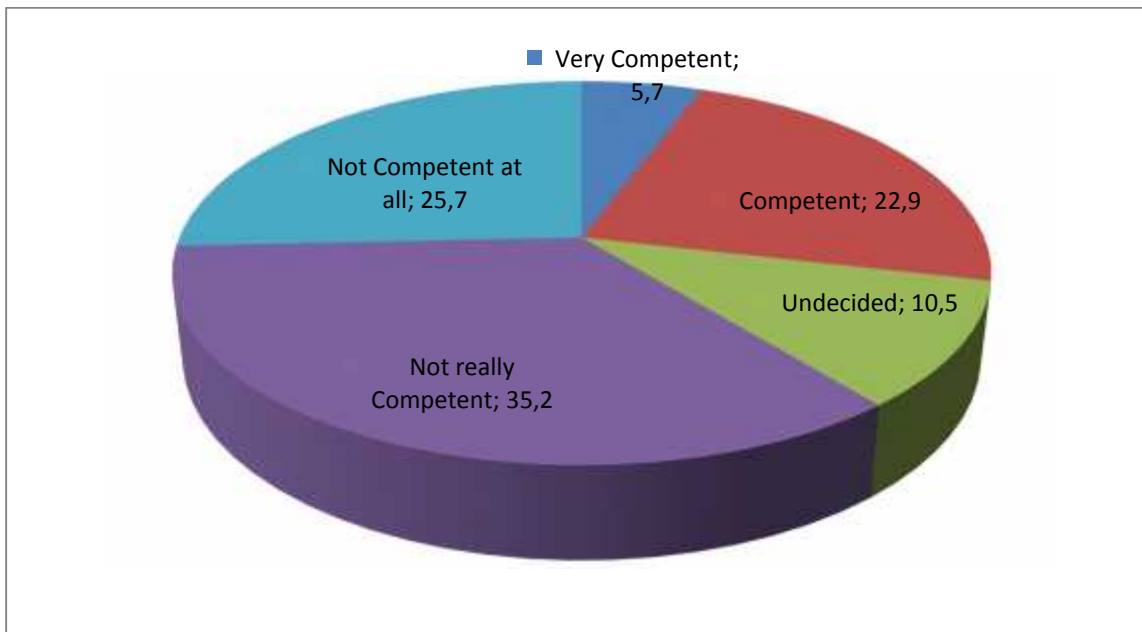
Figure 39: Counselling of learners on their roles and responsibilities as teenage parents



(g) Knowledge of national measures for the prevention and management of learner pregnancy

Figure 40 shows that the significant majority (60.9%) of the respondents do not have knowledge of national measures for the prevention and management of learner pregnancy whereas only 28.6% of the respondents are competent. The minimum (10.5%) of the respondents are neither competent nor incompetent.

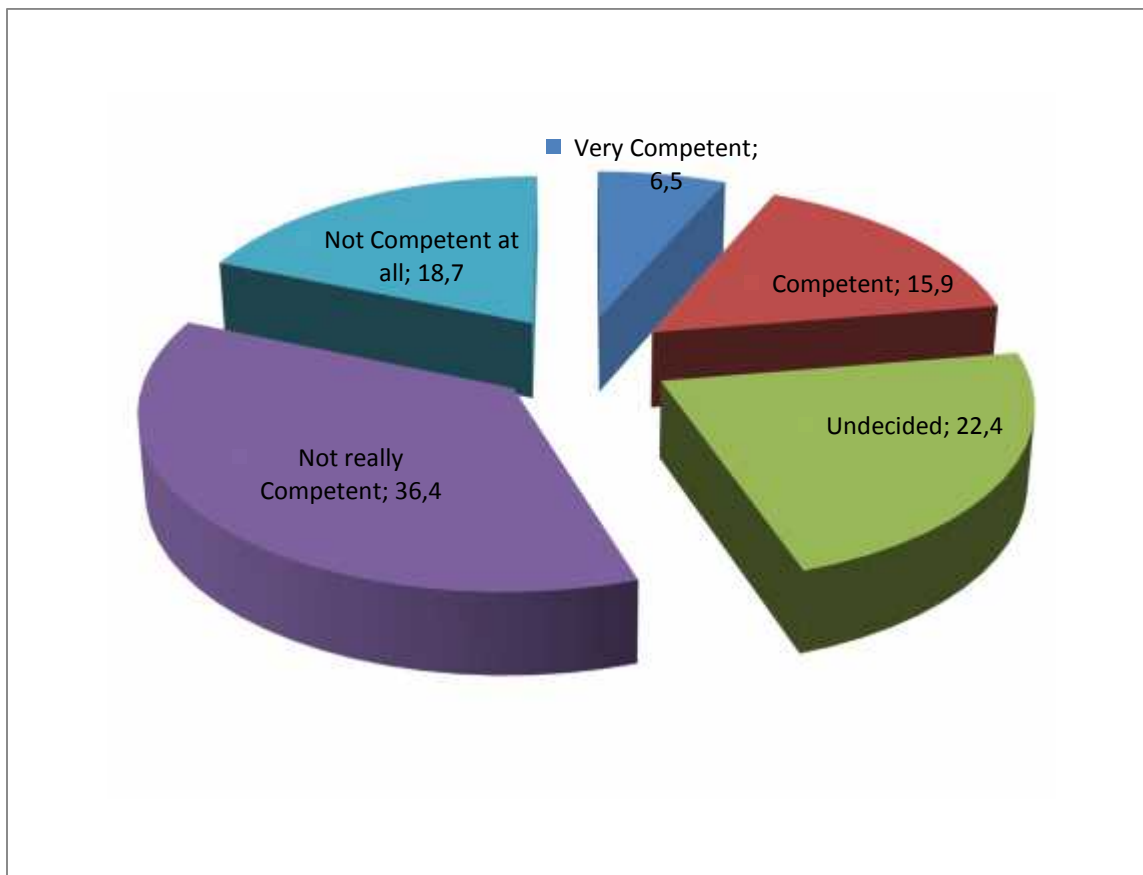
Figure 40: Knowledge of national measures for the prevention and management of learner pregnancy



(h) Implementation of the measures

Figure 41 shows more than half (55.1%) of the respondents cannot be able to implement the measures. Only 22.4% of the respondents were competent when it comes to the implementation of the measures, and 22.4% of the respondents were undecided.

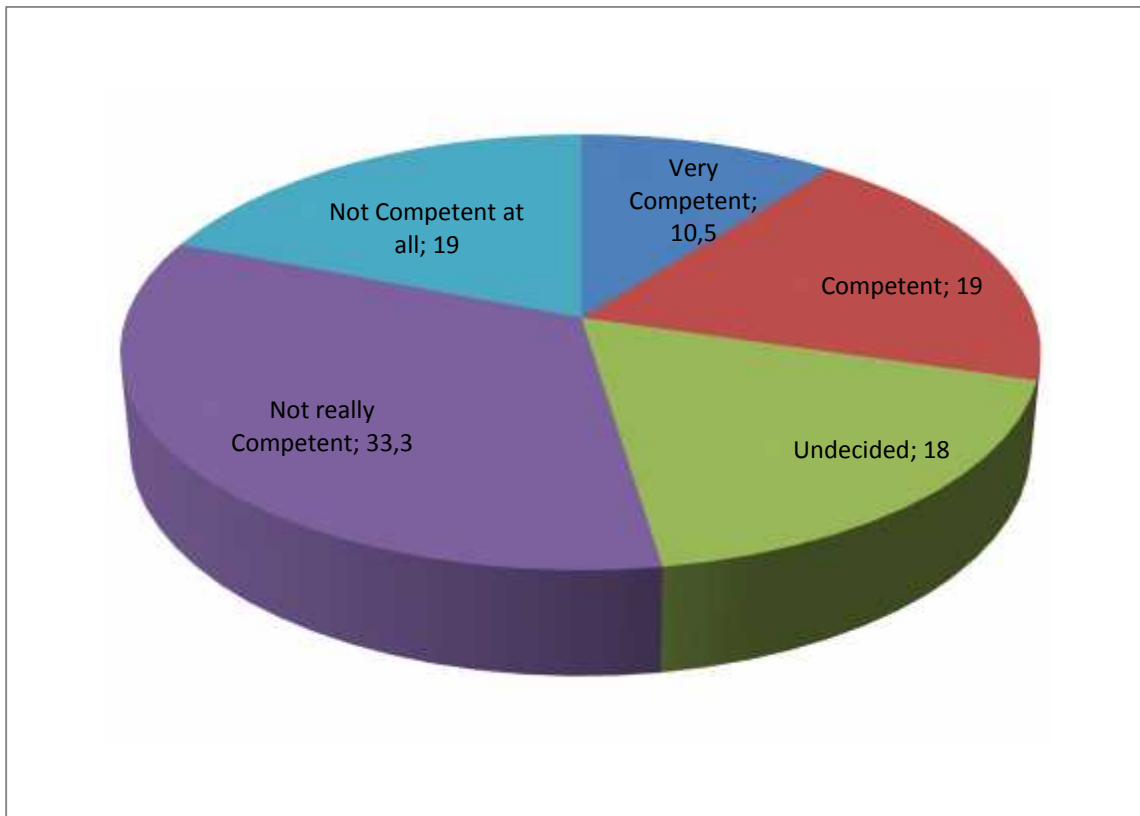
Figure 41: Implementation of the measures



(i) Parental involvement

Figure 42 illustrates as to whether the SMTs of the population (N=105) have the skills to can involve parents in managing teenage pregnancy. The majority (52.3%) of the respondents indicated that they are competent and only 29.5% indicated that they are not competent. 18% of the population were undecided.

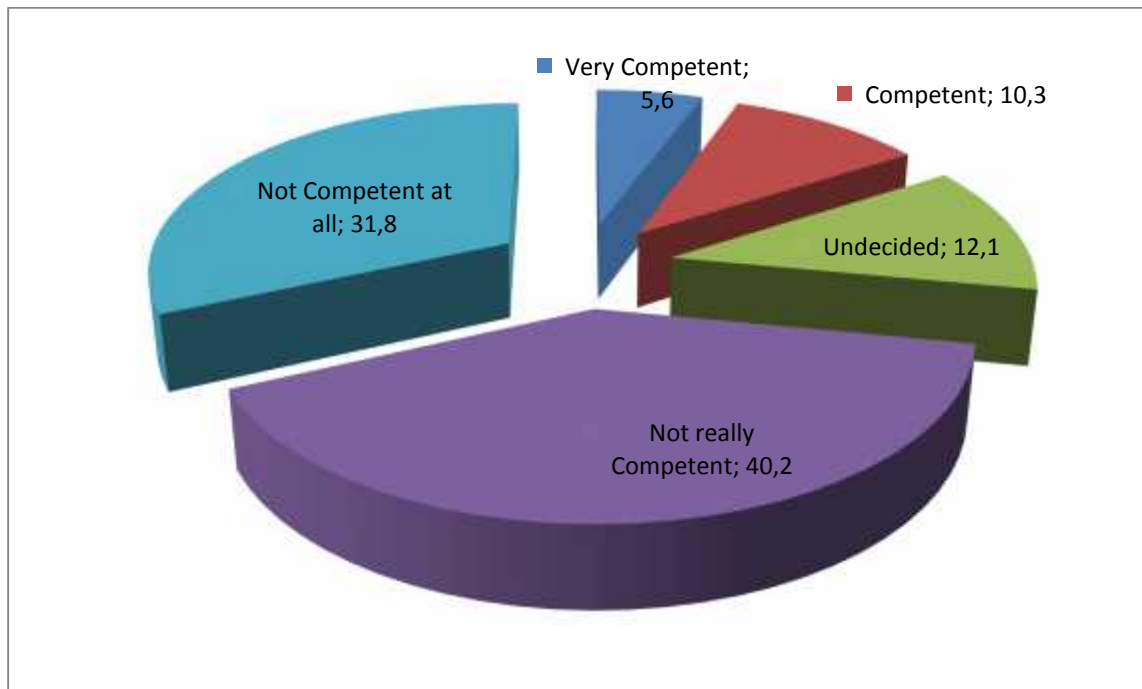
Figure 42: Parental involvement



(j) Training of staff on national policy for teenage pregnancy

Figure 43 suggests that (72%) of the respondents who participated in this study wants training on national policy for teenage pregnancy, while a few (15.9%) of the respondents are competent on national policy for teenage pregnancy. The minority (12.1%) were undecided as to whether there should be training or not. The findings necessitate that school managers should get training on the national policy for teenage pregnancy. Considering these findings, the DBE should come up with the program of action regarding training of educators and SMTs in particular, that is considering the rate at which teenage pregnancy is increasing in Vhembe District schools.

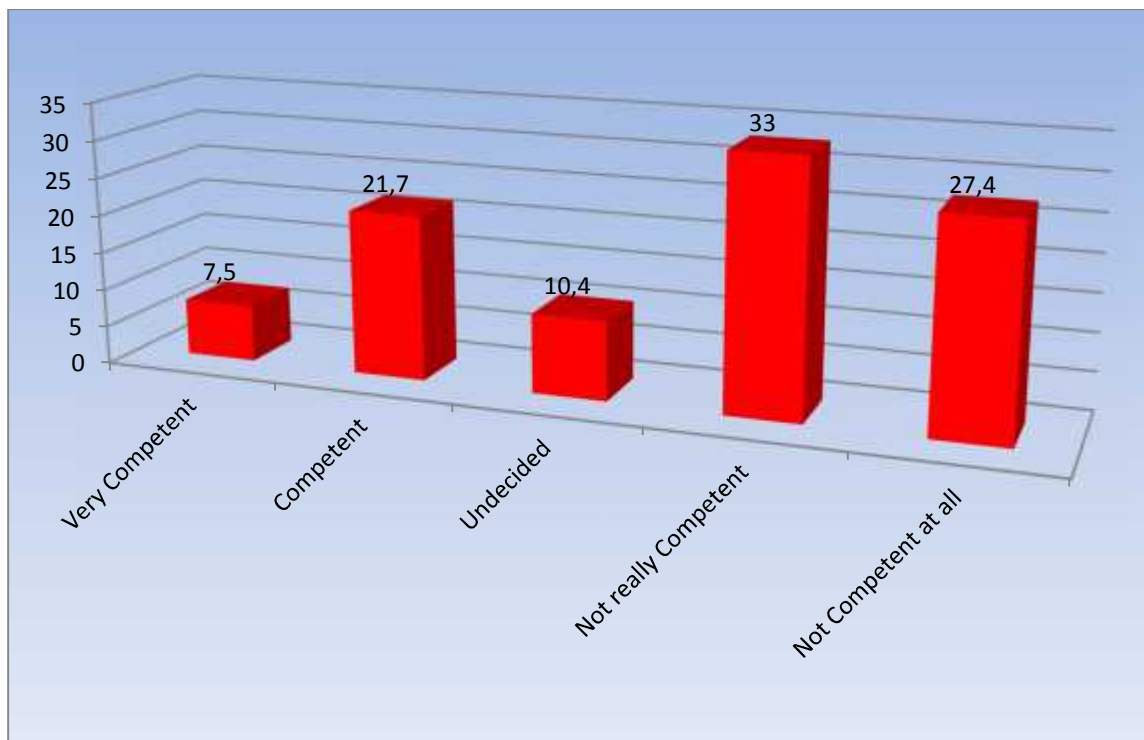
Figure 43: Training of staff on national policy for teenage pregnancy



(k) Working closely with health centres and local government to address health needs of teenagers

Quite a number of respondents (60.4%) in figure 44 indicated that they are not competent when it comes to working closely with health centres and local government to address health needs of teenagers. The minority (29.2%) of the respondents are the only ones who indicated that they are competent while (10.4%) were undecided. The results of this study are an indication that there is a need for the DBE to work closely with the Department of Health in order to be able to address health needs of teenagers.

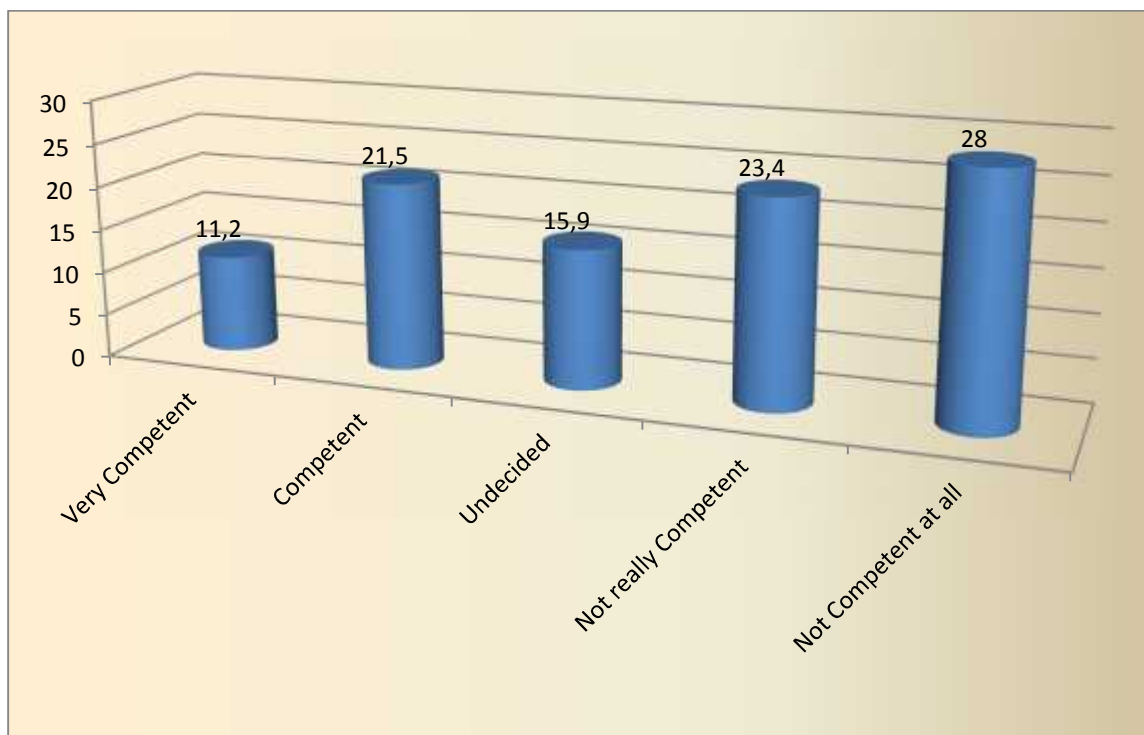
Figure 44: Working closely with health centres and local government to address health needs of teenagers



(I) Prevention of teenage pregnancy

Figure 45 illustrates that more than half (51.4%) of the respondents of the population (N=107) are not competent with regard to prevention of teenage pregnancy. The minority (32.7%) of the respondents are competent with regard to prevention of teenage pregnancy, however 15.9% of the respondents were undecided. We still have a large number of SMT members who know nothing regarding prevention of teenage pregnancy; this is a challenge that needs to be given urgent attention by the DBE to make sure that school managers are taken through the training on prevention of teenage pregnancy as well.

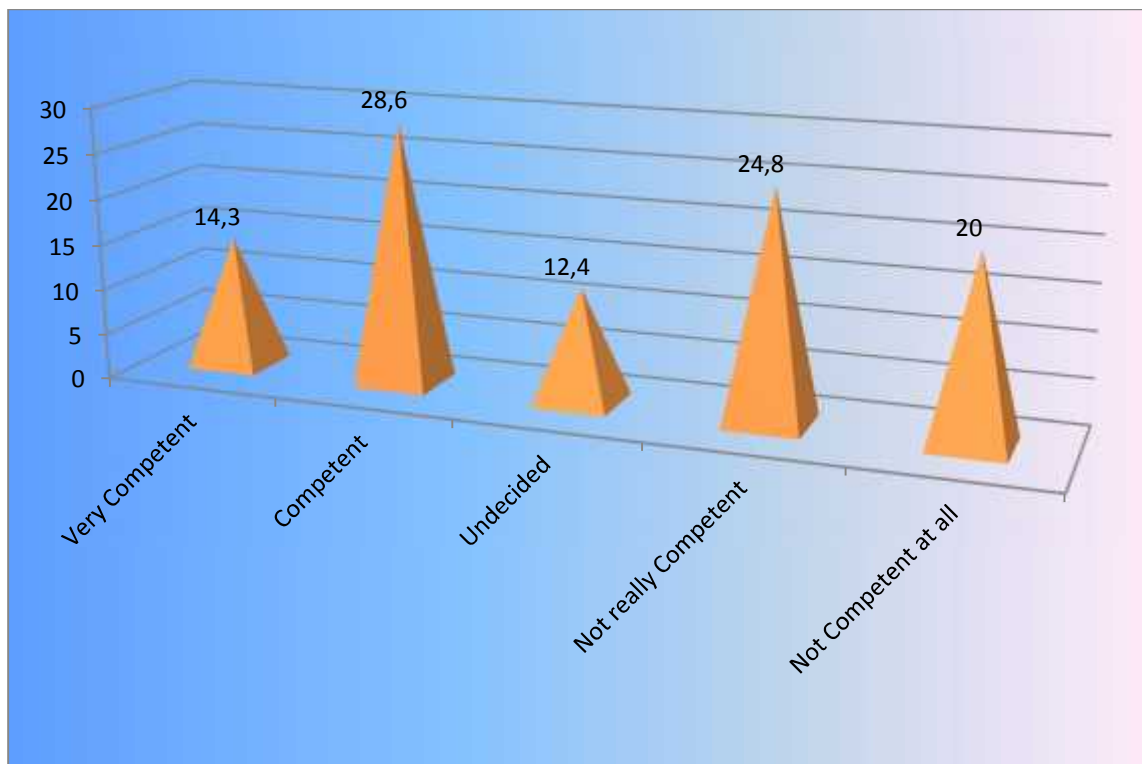
Figure 45: Prevention of teenage pregnancy



(m) Knowledge of sexuality education

Figure 46 illustrates that the majority (44.8%) of the respondents do not have knowledge of sexuality education. This is a cause for concern for SMT not to know anything regarding sexuality education since they cannot manage what they do not know. It is only 42.9% of the respondents who have knowledge of sexuality education, however, the minority (12.4%) of the respondents were undecided.

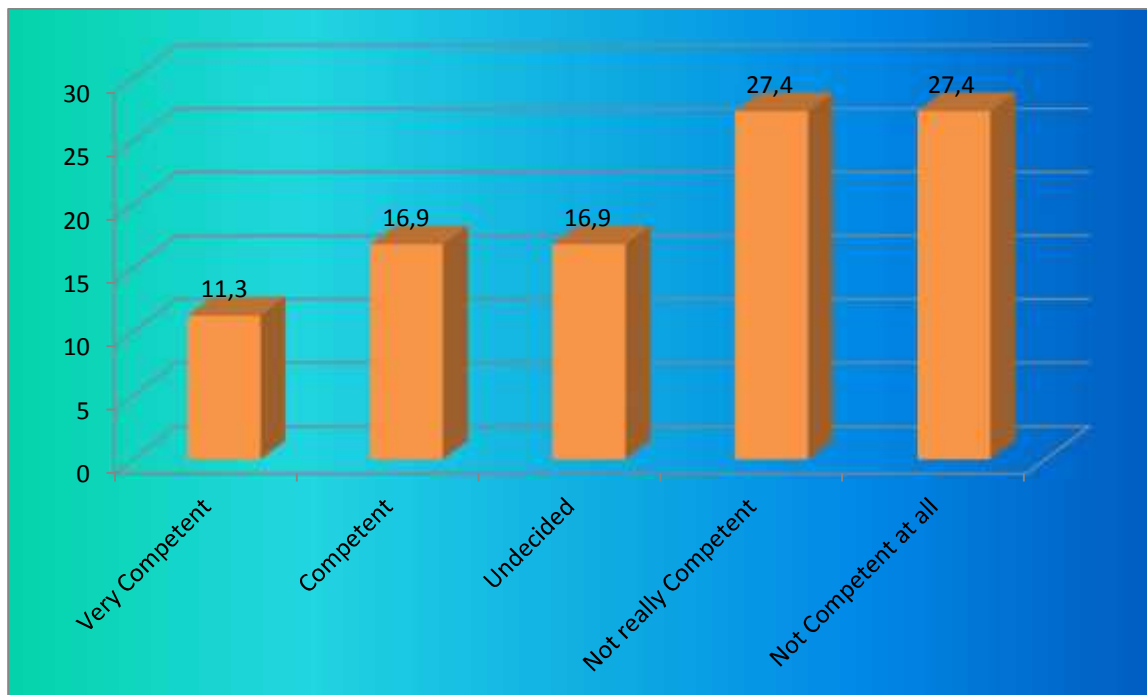
Figure 46: Knowledge of sexuality education



(n) Providing professional help for pregnant learners

Figure 47 shows that the majority (54.8%) of the respondents are not capable of providing professional help for pregnant learners, while only 28.2% of the respondents have the ability to provide professional help for pregnant learners. The minority (16.9%) were not sure whether they are competent or not.

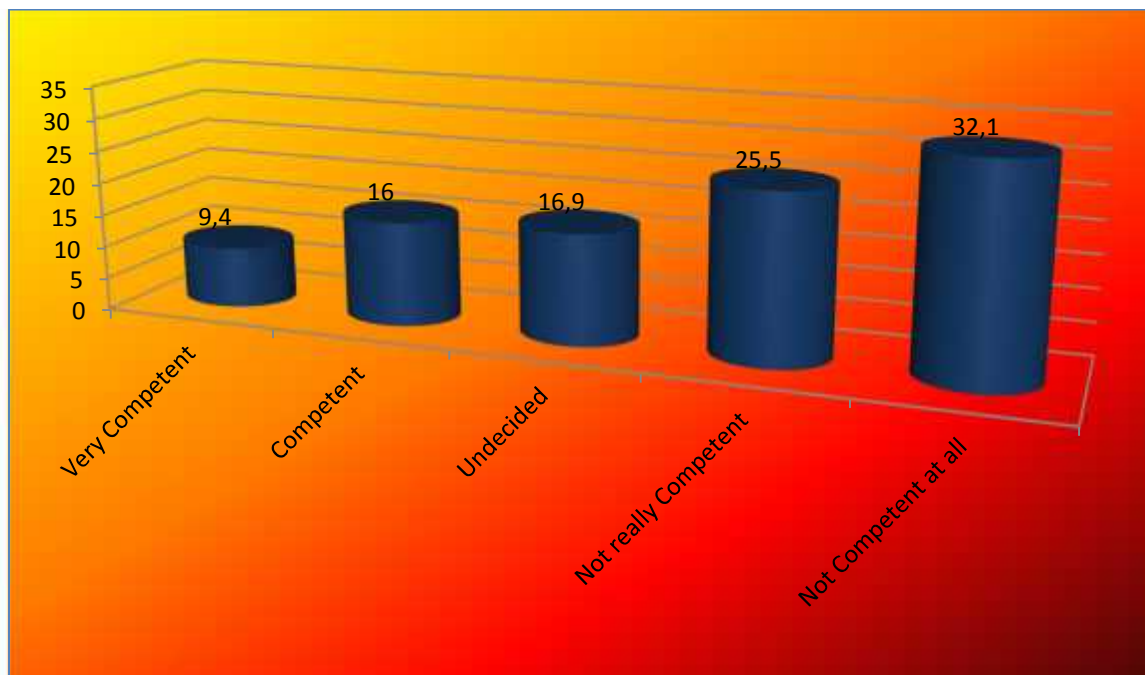
Figure 47: Providing professional help for pregnant learners



(o) Providing platform through which teenage mothers meet, share experiences, ideas, air out their view, play and plan for the future

Figure 48 illustrates that the majority (57.6%) of the respondents cannot be able to provide a platform through which teenage mothers meet, share experiences, ideas, air out their view, play and plan for the future, while only 25.4% of the respondents have the skills to be able to provide a platform through which teenage mothers meet, share experiences, ideas, air out their view, play and plan for future. The minority (16.9%) of the respondents are not sure as to whether they are capable of providing a platform through which teenage mothers meet, share experiences, ideas, air out their view, play and plan for the future.

Figure 48: Providing platform through which teenage mothers meet, share experiences, ideas, air out their views, play and plan for the future



4.3 Open ended questions

Section E of the questionnaires consisted of the verbatim responses to open-ended questions. The respondents responded to the open-ended questions as follows:

4.3.1 What challenges do you face regarding managing teenage pregnancy in your school?

Some of the respondents indicated that pregnant learners cause others to sleep while they are in class. Other respondents were concerned that other learners may emulate those who are getting government grant and also follow suit.

The vast majority of the respondents indicated that absenteeism from school is the major challenge to SMTs because these learners are always absent from school due to sickness and visits to clinics for checkups.

However, it was the view of many respondents that teachers are not nurses and *“...as such it is difficult to them to handle this situation as we don’t even know when the learner is due.”* One of the respondents supported the challenge that teachers are not capable of handling teenage pregnancy by what happened at his school that day; *“today a learner was having labour pains and we didn’t know what to do. To take her to the clinic was a risk and to leave her was also a risk.”*

Low performance and drop out by pregnant learners is also a challenge according to some of the respondents. Some respondents indicated that they do not have enough knowledge with regard to teenage pregnancy.

A couple of the respondents indicated that some learners do not open up and their pregnancy is only recognised at a later stage and causes a challenge at school. Most of the pregnant learners do not open up because of the stigma related to teenage pregnancy, which if you tell someone about your dates of delivery, you may be bewitched. Some respondents indicated that they do not have any policy about teenage pregnancy and no workshops were held about teenage pregnancy. Lack of cooperation between parents and community on handling and managing teenage pregnancy was

picked up as one of the challenges regarding management of teenage pregnancy in secondary schools.

Lack of proper training of school managers with regard to teenage pregnancy was indicated as a challenge also regarding management of teenage pregnancy.

Some of the respondents indicated that poverty is a cause of teenage pregnancy. Most of the learners get involved with older men for the sake of money and they end up being pregnant and drop out from school to fend for their kids because the men would have run away.

“The challenges are that we as educators are not aware of those who are pregnant; We are not well trained; We don’t have any skills on how to manage teenage pregnancy learners.”

4.3.2 In your opinion, how would you address these challenges experienced in your school?

The majority of the respondents indicated that they need professionals to handle this situation of teenage pregnancy. Other respondents indicated that If the department wants these learners to be at school the DBE must develop a policy as to how and what must be done in case they give birth in school premises. Some respondents suggest the introduction of sex education in secondary schools. It was indicated by most of the respondents that the Department of Health and other relevant stakeholders should also play an active role in assisting SMTs on the management of teenage pregnancy. In other words, the management of teenage pregnancy should not be borne by the SMTs only. There should also be workshops for SMTs.

Many respondents indicated that parents should discuss sex with their children; condoms should be distributed at schools and that pregnant learners should be expelled from schools. Teenage pregnancy policy should also be formulated and workshops on handling teenage pregnancy should be introduced.

Some respondents indicated that it is important to know when a pregnant learner is due. Other respondents were of the idea that the state should abolish the issue of child grant and replace it with community projects that will create jobs for many community members. Teenage mothers will however be able to support their children through the income which they will get from those projects.

Some of the respondents indicated that pregnant learners should be suspended from attending lessons until they give birth while others indicated that when a learner is pregnant, she should first take care of the baby for at least two years, thereafter come back to school. Introduction of school-based social workers and nurses to take care of learners that are due for giving birth was suggested by many respondents. In addition, staff members and SMTs must be 'work-shopped' on how to manage teenage pregnancy. Partnership with parents and health practitioners is the key to addressing teenage pregnancy problem and that the DBE should appoint a professional who will exclusively be in charge of helping and monitoring pregnant learners at school in order to avoid the dangers of giving birth at school.

4.3.3 For future training purpose, what aspects of management of teenage pregnancy would you like to see included in the training programmes?

According to many respondents,

“... a clear guideline on handling teenage pregnancy should be included in the training programmes as for now there is nothing in place. It will help us to know what to do. Learners get labour pains in exam rooms and stop writing and we don't even know whether to take question paper or not...”

Some respondent indicated that the development of teenage pregnancy policy should also be included in the training programme. The majority were in favour of sex education to be part of the programme so that the school managers should be aware of what they will be dealing with regarding teenage pregnancy.

According to some respondents the School Governing Body should also be included in the training programme of how to manage teenage pregnancy because they work hand in hand with SMTs and they are also a major stake holder at school.

4.4 Qualitative data

In this study, interviews were conducted with five school principals, four deputy principals, and four heads of departments. The respondents were purposively sampled from five clusters of Vhembe District. The interviews were recorded on a tape recorder and later transcribed to make the data analysis easier. The questions posed to the school managers were all the same. The following were some of the observations from the individual interviews with the SMT members:

“We tell parent that we don’t expel a child we allow the child to come to school but as the parents they must take responsibility to everything which will occur at school because there is no Doctor at school. We were not trained for medical issues.” (Principal 2, Male, Bed Hons; Rural; 9 years experience; 401-800 learners)

Another male Deputy Principal observed:

“It is the learner’s right for education... we encourage them to continue with schooling, but at a later stage when we see that this learner is at advanced stage we then engage the parents, learners parents. But the challenge is where the school is situated here most of the learners here are parents learners. So it is a very big

challenge.” (Deputy Principal 3, Female, 4 year degree; Rural; 10 years experience; 401-800 learners)

Although school managers are of the opinion that pregnant learners have a right to be in school, the underlying current situation seems to be that of uneasiness in dealing with these learners.

“When they are like not heavily expectant we allow them to still come to school, but we have some laws like eh...we usually tell parents that when they are heavily expectant we expect them to come to school and actually wait eh... for them there in case something happens like that . but we know that it may not be within the law like that but those are some of the tactics we use.” (HoD 2, 35 years, 3 year degree; Township; 5 years experience; 801-1200 learners)

The above observations were also shared by school managers in all professional levels, that is, HoDs, deputy principals and principals with differing qualifications. These were also school managers from different locations with also different numbers of learners most of the school managers had no training in managing teenage pregnancy. This was witnessed as follows:

“Not at all, not at all. Yah... I need training. I will be interested.” (HoD 2, 35 years, 3 year degree, Township; 5 years experience; 801-1200 learners)

The assessment tool employed in the study to measure the school managers perception of causes of teenage pregnancy were asked in the negative, with a higher score representing a negative perception, and a lower score a positive perception. The results from the study are shown in the table below. The assessment tool employed in the study to measure the school managers proposed interventions to deal with pregnant learners were asked in the negative, with a higher score representing a negative

perception, and a lower score a positive perception. The results from the study are shown in the table below. The assessment tool employed in the study to measure the school managers perception of their competence to deal with pregnant learners was asked in the positive manner, with a higher score representing adequate competence, and a lower score a lower competence. The results from the study are shown in the table below.

The total perception score on causes of teenage pregnancy was more towards the extreme, with a mean of 54.7, which is higher than the mid score of 37.5 indicated that most school managers were of the opinion that most of the variables contributed to teenage pregnancy. The total score for intervention on teenage pregnancy was also higher than 37.5, indicating that school managers also agreed that the interventions listed would ameliorate the problem of pregnant learners in school. However, the total score on total competence was lower than the mid score of 37.5, indicating that most school managers had a lower competence of dealing with pregnant learners.

Table 18: The total scores on causes of teenage pregnancy, interventions and competence on pregnant learners

Issue	N	Mean	Median
Total Perception Score on Causes of teenage Pregnancy	86	54.7	54.5
Total Score for interventions on teenage pregnancy	95	47.7	48.0
Total Competence Score on teenage Pregnancy	97	37.4	37.0

Results from the Man Whitney U test of the difference between school managers who tolerated keeping pregnant learners in school to those who preferred teenagers being expelled from school against total perception score on causes of teenage pregnancy, total score for intervention on teenage pregnancy, and total score on total competence are shown in the table below.

The results show that there was no significant difference between school managers who tolerated keeping pregnant learners in school to those who preferred teenagers being

expelled from school on the total perception score on causes of teenage pregnancy and on the total score on total competence. There was, however, a significant difference between school managers who tolerated keeping pregnant learners in school with a mean score of 52.99 compared to those who preferred teenagers being expelled from school with a score of 39.82 on the total score of interventions on teenage pregnancy ($p=0.02$).

Table 19: The Mann Whitney U results on perceptions on causes of teenage pregnancy, intervention and competence on dealing with teenage pregnancy

Issue	Ranks	Pregnant learners should be in school	Pregnant learner should be expelled from school	Z	Asymp. sig
Total Perception Score on Causes of teenage Pregnancy	Mean Rank	43.10	44.14	-0.187	0.85
	Sum of Ranks	2284.50	1456.50		
Total Interventions Score on teenage Pregnancy	Mean Rank	52.99	3126.50	-2.262	0.02
	Sum of Ranks	39.82	1433.50		
Total Competence Score on teenage Pregnancy	Mean Rank	51.75	3053.00	-1.199	0.23
	Sum of Ranks	44.74	1700.00		

4.5 Logistic regression

Equation: **Logit** function

$$\ln(p/1-p) = a + b_1x_1 + b_2x_2 + \dots + b_nx_n$$

$$\text{Logit}(p) = a + b_1x_1 + b_2x_2 + \dots + b_nx_n$$

Where:

- p : probability of a case belonging to category 1
- $p/1-p$: odds
- a : constant

- n: number of predictors
- b1-bn: regression coefficients

Null hypothesis

- There is an equal chance of preferring pregnant learners in school or expelling pregnant learners from school for a given set of predictors or
- The model coefficients are 0 (0 means there is no change due to the predictor variable).
- One dependent variable

Pregnant learners to be allowed in school (1 = No, 0 =Yes)

- Thirteen predictors

Gender (1 = males, 0 = females);

Age (0= <45 years, 1=46+ years);

- Professional Level (0=Principal, 1=Deputy Principal, 2=HoD, 3=Teacher);
- Qualification (0=Degree/Other, 1=Diploma);
- Management experience in current post (0=<5years, 1=6+ years);
- Workload (0=<15 periods, 1=16-25 periods, 2=26+ periods);
- Number of workshops attended (0=1+ workshops, 1= 0 workshops);
- Number of teachers in the school (0= <25, 1=26-50, 2=51+);
- School locality (0=City/Town, 1=Township, 2=Village);
- Number of learners in the school (0=<800, 1=801-1200, 2=1200+)

Perception on causes on teenage pregnancy (continuous variable)

- Perception on interventions to deal with pregnant learners (continuous variable)
- Perceptions on competence to deal with pregnant learners (continuous variable)

Below are the results of a parsimonious binary logistic regression model with all the background predictors including interactions of all the predictors by total perception on causes on teenage pregnancy, total perception on interventions to deal with pregnant learners, and total perceptions on competence to deal with pregnant learners.

4.6 RESULTS

The Classification Tables overall predictive accuracy is 85%. The model shows that the null hypothesis is rejected ($p < .00$). The Hosmer and Lemeshow test assesses whether the predicted probabilities match the observed probabilities. $P > .05$ means a set of Independent Variables will accurately predict the actual probabilities, where in this analyses the $p=0.77$. The Pseudo R square, where the Nagelkerke R square is preferred shows that the model for our predictors in the study accounts for almost 69% of variance of Dependant Variable.

Table 20: Parsimonious regression model for school managers' perception on pregnant learners being expelled from school

Characteristic	Sig.	Exp(B)	C.I. 95%
Gender			
Female	0.03	10.98	1.28-94.03
Male (Ref Cat)	1.00		
Age			
46+ years	0.02	14.54	1.51-140.37
45 years (Ref Cat)	1.00		
Post-Level	0.47		
Deputy Principal	0.12	18.14	0.49-665.58
HoD	0.22	10.94	0.24-502.57
Teacher	0.58	9.64	0.00-32796.81
Principal (Ref Cat)	1.00		
Professional qualification			
3 year Diploma	1.00	2.957E129	0.00
Degree/ Other (Ref Cat)	1.00		
Management experience in current post			
6 years	0.14	56.29	0.28-11447.68
5 years (Ref Cat)	1.00		
Workload (period per week)	0.15		
16-25	0.09	11.94	0.68-211.43
26	0.63	2.28	0.08-66.46
0-15 (Ref Cat)	1.00		
Number of workshops/training attended in managing teenage pregnancy			
0	0.44	0.34	0.02-5.27
1+ (Ref Cat)	1.00		
Number of teachers in my school	0.78		
26-50	1.00	2036531282	0.00
51+	1.00	578311924.8	0.00
25 (Ref Cat)	1.00		
School locality	0.49		
Township	0.90	0.80	0.03-24.35
Village	0.50	03.28	0.11-102.45
Town/City (Ref Cat)	1.00		
Number of learners in my school	0.08		
801-1200	0.04	0.04	0.00-0.80
1200+	0.81	0.69	0.03-13.34
800 (Ref Cat)	1.00		
Qualification by competence	1.00	0.00	0.00
Competence by years of service	0.04	0.86	0.74-0.99
Constant	1.00	0.00	

While the parsimonious logistic regression model above included professional levels, qualification, workshops attended on managing teenage pregnancy, number of teachers in the school, the locality of the school, years of service, workload and the interaction term of qualification and competence, these variables were not significant in explaining variance of opting for pregnant learners to be expelled from school.

The odds ratio for sex shows that female school managers are 11 times more likely to opt for pregnant learners to be expelled from school than male school managers.

The odds ratio for school managers whose age was 46 years and above were fourteen and a half times more likely to opt for pregnant learners to be expelled from school than school managers who were 45 years and less.

*“We were not having a program to monitor because those who were getting pregnant they were not staying... they go home.”
(HoD 4, 45 years, 7 years experience, 401 – 800 learners).*

Most of the girls that drop out from school are due to pregnancy. They fear embarrassment from fellow learners and also expulsion by SMTs, and then they opt to go silently. However, some come back after giving birth.

“...This is disturbing the progress of the school just in case the learner may be in labour in class, some learners may run away, and this will disrupt the whole school activities...”(Deputy Principal 2, 55 years, 6 years experience, Township, 401-800 learners)

School managers in schools with 801-1200 learners were 4% more likely to opt for pregnant learners to be expelled from school than school managers in schools with less than 800 learners. However, school managers in schools with 1200 or more learners were not significantly different in opting for pregnant learners to be expelled from school. However, the interaction term of competence in managing pregnant learners and 6 years of service or more shows that every unit increase in competence among school managers who had 6 years of service were 14% less likely to opt for pregnant

teenagers to be expelled from school compared to those who had 5 years of service or less.

“I think that is very important because this issue we still going to live with it because is a societal issue, it is here to stay. I think the training is very important because we will be dealing with it throughout... I think training is necessary ...” (HoD 4, 45 years, 7 years experience, 401 – 800 learners)

Training of school managers is important because they do what favours them. There is no regard for learners and their education and let alone their future, because some school managers do not bother when learners drop out from school. Mechanism or programme for following up learners who have dropped out is not there at all. The blame is upon the Department of Basic Education (DBE) that it did not give a clear guideline on how to manage teenage pregnancy.

4.7 Discussion

SMTs need to be trained in managing pregnant learners.

“No I will prefer that the training must be based on the mmm, we must be told how to deal with this learner... no we don't have policy... eh... we use common sense... parents of pregnant learners must come to school until the school knocks off.” (Principal 1, 48 years, 9 years experience, 401- 800).

Training for SMTs is a matter of urgency to avoid the use of common sense because it will lead into anarchy at our schools. Imagine a situation in a school where there are more than fifty learners who are pregnant, their parents coming to school in the morning and going home in the afternoon. Already, there are challenges concerning accommodation of learners in some schools at Vhembe District and it will be difficult for parents to get a place to stay while waiting for their children.

Female school managers are more likely to opt for pregnant learners to be expelled from school. This may be the question of respect that pregnant learners may regard themselves as women and female school managers can no longer tell them anything.

Older school managers are more likely to opt for pregnant learners to be expelled from school. They have grown and attended school in a situation where if a learner gets pregnant she was not allowed to be at school. They still want to maintain the status quo.

School managers with few years of school management experience should be equipped with the competence of dealing and understanding pregnant learners. This is evidence in the results that show that school managers with more years of management experience are more tolerant of dealing with pregnant learners than less experienced school managers.

4.8 Summary

This chapter has focused on an analysis and interpretation of data received from the interviews with school management team (Principals, deputy principals and HoDs) and statistical analysis of the questionnaires. It is evident from the data collected through quantitative and qualitative approaches that school management team's challenges are harmonising with those in the literature chapter in this study. It is also important to note that both quantitative and qualitative results revealed that school managers have serious challenges regarding management of teenage pregnancy and that there is no consistency when it comes to the implementation of policies with regards to teenage pregnancy. The school managers also suggested that there should be training for all

school managers including School governing body on how to deal with and manage teenage pregnancy in secondary schools. Based on the data collected and findings in this chapter, the next chapter presents a summary and discussion of the general findings, hence looking at the possible recommendations.

CHAPTER 5

FINDINGS AND RECOMMENDATIONS

5.1 Introduction

Chapter 4 focused mainly on the results obtained from both the quantitative and qualitative data. This chapter will identify, discuss and summarise the findings obtained, and draw conclusions from the findings. It also aims to provide answers to the following research question: *What are the management challenges confronting the School Management Teams (SMTs) with regard to teenage pregnancy in secondary schools of Vhembe District.*

The conclusions drawn from the findings will further offer answers to the following research sub-questions as mentioned in Chapter 1: What are the challenges faced by the SMTs regarding teenage pregnancy in schools? What are the perceptions of the SMTs on the Department of Education Policy on Measures for the Prevention and Management of Learner Pregnancy? What is the state of affairs in the Vhembe District at present regarding teenage pregnancy in secondary schools? What training should be provided to the SMTs in managing teenage pregnancy issues in the schools?

The answers to the mentioned research question and sub-questions are presented by first grouping the interpreted findings thematically, and then summarising and discussing the themes under each sub-question. After the summary and discussion of the themes, recommendations will be provided. The Chapter will also provide suggestions and make recommendations for further research.

5.2 Findings

5.2.1 What are the challenges faced by the SMTs regarding teenage pregnancy in schools?

The aim of this section is to explore the challenges faced by the SMTs regarding teenage pregnancy in schools. Most of the SMT members had no training in managing teenage pregnancy. On the basis of a sample of 108 SMT members representing 24 schools in 12 circuits in Vhembe District, the opinions of the SMT members who had never attended any training on management of teenage pregnancy or did so once or more were analysed in table 4.7. This is evident enough that the Department of Education had overlooked the issue of training SMTs regarding management of teenage pregnancies in secondary schools. To add on that, those who have indicated that they have undergone training were Life Orientation and Life skill teachers and the training was not how to manage teenage pregnancies. That is why principal 2 in the interview in section 4.4 said that his staff members were not trained for medical issues. It shows frustration on the part of SMTs because they do as they wish and not according to the guidelines and SASA. This is evident on the interview of HoD 2 in section 4.4 where he said that they coerce parents to come to school and wait for their pregnant children, and that this is one of the tactics they use to help them to manage teenage pregnancy. There is an ignorance of the rule of law here.

It is apparent from the findings that most of the challenges encountered by the school managers resonate with the existing literature on this subject. Most of these challenges were similar with those mentioned in chapter 2 of this study. The critical challenge identified by the respondents in this study is the lack of training of SMTs regarding management of teenage pregnancies. At least 39.2% of the respondents in this study (figure 11) indicated that pregnant learners do not complete their schooling. Therefore principals as agents of change can turn this around because they have important influences on learners and educators' behaviour at school. So principals should be trained as transformational leaders to be able to bring change in their schools.

5.2.2 What are the perceptions of the SMTs on the Department of Education Policy on Measures for the Prevention and Management of Learner Pregnancy?

The study found that most educators are not aware of the policy on Measures for the Prevention and Management of Learner Pregnancy. It was emphasised by HoD 4 in section 4.5 that they were not having a program to monitor teenage pregnancy. Very few have indicated that they have seen the document, however, they have not read it and they are not aware of the suspension of learners for two years if they are pregnant. Most of the educators are not competent to deal with issues regarding teenage pregnancy. There are no policies in schools pertaining to teenage pregnancy. The Department of Education supplied the policy guideline in the form of measures for the Prevention and Management of Learner Pregnancy; however, educators were not taken through it. That is why the study found out that many schools no longer have the document and others have seen the document but they have misplaced it.

5.2.3 What is the state of affairs in the Vhembe District at present regarding teenage pregnancy in secondary schools?

Many SMT members have not been trained on the management of teenage pregnancy. They do not have policy regarding management of teenage pregnancy. And the Measures for the Prevention and Management of Learner Pregnancy is not present in many schools, some school managers are not even aware of the document. According to section 2.6 of this study, every school should have this document. However, there are conflicting aspects between this departmental policy and the constitution of the Republic of South Africa which states that every child has the right to education and the South African Schools Act which emphasised that education is compulsory to all learners irrespective of gender and that there should be no discrimination regarding sex and creed.

Pregnant learners are either expelled at school or their parent forced to come to school to wait for their children from morning until afternoon. Some of these learners drop out

from school, in particular those that do not have parents to come and wait for them at school. There is confusion amongst managers of schools; they use their discretion to deal with issues of teenage pregnancy. Others blame the department for not supporting them; however, some believe that the issues of pregnant learners at schools should be left for medical expert to deal with them so that they could concentrate on their duty which is mainly teaching.

5.2.4 What training should be provided to the SMTs in managing teenage pregnancy issues in the school?

It emerged from the study that the majority of SMT members did not undergo workshop or training in managing teenage pregnancy. Furthermore, the vast majority of school managers stated that they are not well equipped to deal with teenage pregnancy (figure 31). More than 70 % of the school managers participating in the study stated that future training or workshops should address national policy on management of teenage pregnancy.

With regard to the training aspects, one could conclude from the findings that school managers' perception can improve if these aspects are given consideration in future training. Obviously, incorporating these aspects into a lengthy training programme would sufficiently prepare school managers to deal with various challenges associated with the management of teenage pregnancies.

5.3 Recommendations

The main focus of this study was on the management challenges confronting the School Management Teams (SMTs) with regard to teenage pregnancy in secondary schools of Vhembe District. In analysing the findings in this study, several recommendations were identified. These are summarised below:

5.3.1 Training of stakeholders of education regarding management of teenage pregnancy

The findings in this study (figure 43) indicate that 72% of the respondents want training on national policy for managing teenage pregnancy. We must be mindful that SMTs do not work in a vacuum; they work with educators and SGB which is the most important stakeholder at school. There should be a holistic approach in this regard. SGBs should also be part and parcel of training so that the process should be meaningful. The SGB's responsibility is to come up with policy pertaining to management and prevention of teenage pregnancy. That is why they should not be excluded when training is done to educators. It is also recommended that training be done by medically trained personnel not curriculum advisors as in other issues of education. It should not be a "microwave" type of training.

The Department of Basic Education (DBE) should also encourage SMT members to enrol for a Masters Degree in Education Management in order to develop their management skills. It is high time that the DBE make use of the results of this study to develop a program regarding imparting knowledge of sexuality education to SMTs.

In the view of the findings in this study, it could be recommended that UNISA's faculty of education introduce a module in teenage pregnancy management in their Advanced Certificate programme for leadership.

5.3.2 Introduction of school health programme to all schools

There should be prevention of teenage pregnancy at schools to enable educators to focus on teaching and learning which the co-business of the school is. The Departments of Education and Health should work together in producing health programmes. These programmes should address prevention and management of teenage pregnancies. Learners should be involved because they are the victims of teenage pregnancies. These programmes should be monitored by the Department.

According to the findings of this study (figure 32), the vast majority (74.3%) of the respondents agreed that each school should have the services of a social worker who will deal with issues relating to health and social life of learners because some learners embark to early sexual intercourse due to psychological pressure or social background.

5.3.3 Harmonising the policies pertaining to rights of children

The Supreme Constitution of South Africa, SASA, Children's Act and Policy for Measures for the Prevention and Management of Learner Pregnancy should not contradict one another. To prevent this, there should be a revisit to the policy for Measures for the Prevention and Management of Learner Pregnancy because it contradicts with the laws. A new policy on prevention and management of teenage pregnancies should be done for the sake of consistency. This policy should be distributed to all schools to avoid a situation found in this study where the significant majority (60.9%) of the respondents do not know about the policy for the Measures for the Prevention and Management of Learner Pregnancy.

5.4 CONCLUSION

Overall, the central objective of this study was to explore the challenges faced by the SMTs regarding teenage pregnancy in secondary schools at Vhembe District in Limpopo province. The study findings reflected that management of teenage pregnancy is still a problem at Vhembe District of Education despite the laws and policies that are in place. The mixed methods research was used to determine the perception of SMTs regarding management of teenage pregnancies. It was found that most SMTs do not have policies regarding teenage pregnancies and moreover, the department of education has not trained them on the policy that it has issued. The study also reflected that pregnant learners are the victims of expulsion or school dropout because of those challenges.

The study recommends that there ought to be intervention programmes including training of SMTs, SGBs and Educators regarding management of teenage pregnancy.

This should be complemented by involving the Department of Health because the coordination of this department is not yet visible at Vhembe District.

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APPENDICES

APPENDIX A : REQUISITION FOR CONDUCTING RESEARCH LETTER

Enq : Ramulumo M.R
Cell : 0835092074

Muhuyuwathomba Secondary school
P.O.Box 2249
VHUFULI
0971

27 January 2014

The District Senior Manager
VHEMBE DISTRICT
Private Bag x 2250
SIBASA
0970

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I wish to conduct a research study entitled: **Managing teenage pregnancies at secondary schools in the Vhembe district, Limpopo Province.** The study forms part of the requirements for my Masters Degree in Education Management at UNISA.

The purpose of this study is to explore the challenges faced by the SMTs regarding teenage pregnancy in schools and to investigate the perceptions of the SMTs on the Department of Education Policy on Measures for the Prevention and Management of Learner Pregnancy. Dr V. Pitsoe supervises this study.

The participants of the study will be School Management Teams (SMT's). This study will not be conducted during teaching and learning hours.

I undertake to abide by the following ethical principles throughout the research process:

The informed consent of participants; voluntary participation and freedom to withdraw from the study at any stage; and to make a summary of the research results available to the schools and to you, should you be interested.

Sincerely yours


Signed

27/01/2014

R.M.Ramulumo

Date

APPENDIX B: VHEMBE DISTRICT DEPARTMENT OF EDUCATION APPROVAL LETTER

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION
VHEMBE DISTRICT

REGISTRY
RECEIVED
2014-02-11
DEPARTMENT OF EDUCATION
TERRANE CIRCUIT OFFICE


REF: 12/2/4/5
ENQ: MANENZHE T.A
TEL: 0828683499

DEPARTMENT OF EDUCATION
VHEMBE DISTRICT
2014-02-05
PRIVATE BAG 11200, ALEXANDRIA 0970
TEL: 095 082 1514-5
LIMPOPO PROVINCE

MR RAMULUMO M.R.
P.O.BOX 2249
VHEMBE
0971

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN SECONDARY SCHOOLS AT VHEMBE DISTRICT

1. Permission is hereby granted to you to conduct research in secondary schools at Vhembe District.
2. We advise you to conduct research with the consent of both the circuit manager and principals of the identified schools
3. The research process should, at no stage disrupt the normal learning and teaching time.
4. Wishing you all the best in your studies.


.....
DISTRICT SENIOR MANAGER

08/02/2014
DATE

APPENDIX C: RESEARCH ETHICS CLEARANCE CERTIFICATE



Research Ethics Clearance Certificate

This is to certify that the application for ethical clearance submitted by

MR Ramufumo [08172951]

for a M Ed study entitled

**Managing teenage pregnancies at secondary schools in the Vhembe district,
Limpopo Province**

has met the ethical requirements as specified by the University of South Africa
College of Education Research Ethics Committee. This certificate is valid for two
years from the date of issue.

Prof KP Dzvimbo
Executive Dean : CEDU

Dr M Claassens
CEDU REC (Chairperson)
modtc@netactive.co.za

Reference number: 2014 JUNE /0872951/MC

19 JUNE 2014

APPENDIX D: CONSENT FORM

LETTER OF INFORMED CONSENT

Study Title: *Managing Teenage Pregnancies at Secondary Schools in Vhembe District; Limpopo Province.*

Researcher: Mashudu Richard Ramulumo

Before agreeing to participate in this research, I strongly encourage you to read the following explanation of this study. This statement describes the purpose and procedures of the study. Also described is your right to withdraw from the study at any time. This study has been approved by the Research Ethics Board of the University of South Africa.

Explanation of Procedures

The aim of the study is to explore challenges confronting the School Management Teams (SMTs) with regard to teenage pregnancy in secondary schools of Vhembe District; Limpopo Province. The results of this study may be used to improve SMT skills on managing teenage pregnancies in schools.

Participation in the study involves completion of a survey that asks you basic questions about yourselves and your perception about teenage pregnancy and a face-to-face interview, which will last for approximately one hour. The interviews will be conducted by the researcher, audio-taped and later transcribed for the purpose of data analysis.

Risks and Discomforts

There are no risks or discomforts that are anticipated from your participation in the study.

Benefits

The anticipated benefit of participation is the opportunity to discuss perceptions, and challenges regarding management of teenage pregnancies.

Confidentiality

The information gathered during this study will remain confidential in secure premises during this project. Only the researcher will have access to the study data and information. There will not be any identifying names on the surveys or interview transcripts; they will be coded and the key to the code will be kept locked away. Your names and any other identifying details will never be revealed in any publication of the results of this study. The tapes will be destroyed at the completion of the study. The results of the research will be published in the form of a research paper and may be published in a professional journal or presented at professional meetings. It may also be published in book form. The knowledge obtained from this study will be of great value in guiding professionals to be more effective in developing policies regarding management of teenage pregnancies in schools.

Withdrawal without Prejudice

Participation in this study is voluntary; refusal to participate will involve no penalty. You are free to withdraw consent and discontinue participation in this project at any time without prejudice or penalty. You are also free to refuse to answer any question we might ask you.

Further Questions and Follow-Up

You are welcome to ask the researcher any questions that occur to you during the survey or interview. If you have further questions once the interview is completed, you are encouraged to contact the researcher using the contact information given below. If you have other questions or concerns about the study please contact the chairperson of the Research Ethics Board of the University Of South Africa.

I, _____ (*name; please print clearly*), have read the above information. I freely agree to participate in this study. I understand that I

am free to refuse to answer any question and to withdraw from the study at any time. I understand that my responses will be kept anonymous.

Participant Signature

Date

APPENDIX E: QUESTIONNAIRE

QUESTIONNAIRE FOR SMT MEMBERS

Dear Sir/Madam

I am **Mashudu Richard Ramulumo** and I am currently doing a Master of Education degree called “Educational Management” with the University of South Africa. My contact details are as follows:

- **Cell number** : 083 5092 074
- **E-mail address** : ramulumomr@gmail.com

It is my pleasure to provide you with the following details regarding my study:

Title of the project is “*Managing teenage pregnancies at secondary schools in the Vhembe District, Limpopo Province*”.

The aim of the study is to explore challenges confronting the School Management Teams (SMTs) with regard to teenage pregnancy in secondary schools of Vhembe District; Limpopo Province. The results of this study may be used to improve SMT skills on managing teenage pregnancies in schools.

Your participation in the study will be greatly appreciated. Participation in the survey is voluntarily. If you prefer not to voluntarily participate in this study you are free to withdraw without penalty. Should you prefer not to answer certain of the questionnaire items, you are under no obligation to complete the question. The information collected will be treated with confidentiality and anonymity is guaranteed.

Information regarding the completion of questionnaire

1. Please note that data collected through this questionnaire will be maintained as highly confidential.
2. Please use Blue or Black pen to complete the questionnaire.
3. Please answer all questions as fully as possible.
4. In section B, C and section D of the questionnaire indicate choice by marking only ONE of the blocks with an (X).
5. Section E is an open – ended question, and the respondent can indicate his own view point.

Regards

Ramulumo R.M

For official purposes

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1-3

A SECTION A: BIOGRAPHICAL DATA

1	Gender	Female	1	male	2						
2	Age (years)	20 - 25	26 - 35	36 - 45	46 - 55	55 +					
		1	2	3	4	5					
3	Post level (Teacher =1; HOD = 2; Deputy Principal = 3; Principal = 4)	1	2	3	4						
4	Professional qualifications Please specify if marked Other: _____	3 yr Diploma	4yr Degree/Deg+Di	BEEd	Masters Degree	Other					
		1	2	3	4	5					
5	Management experience in the current post	0 - 5 yrs	6 - 10 yrs	11 - 15	16 - 20	21 + yrs					
		1	2	3	4	5					
6	Work load (periods per week)	0 - 15	16 - 25	26 - 35	36 +						
		1	2	3	4						
7	Number of workshops/training attended in managing teenage pregnancy	0	1	2	3	4 +					
8	Number of teachers in my school	1 - 10	11 - 15	16 - 20	36 - 40	41 - 45	46 - 50	7	8	9	
			1	2	3	4	5	6	7	8	9

4

5

6

7

8

9

10

11

	21- 25	4	51 +	10
	26 -30	5		
	31 - 35	6		

9	School locality	Township	Town/City	Village	Farm
		1	2	3	5

12

		1	2	3	4
10	Number learners in my school	1- 400	401-800	801 -1200	1201 +

13

SECTION B: Knowledge on teenage pregnancy

Please evaluate your agreement on each of the following statements against the satisfaction level provided below:

Satisfaction legend:

1-SD-Strongly Disagree

2-D-Disagree

3-N-Neutral

4-A-Agree

5-SA-Strongly Agree

		1	2	3	4	5		
1	Peer pressure is the main cause of teen pregnancy						14	
							15	
2	Alcohol and drugs play a role in teen pregnancy						16	
3	Most teenage girls are forced to have sex						17	
4	Lack of knowledge causes teenage pregnancy						18	
5	Government grant encourages teenage pregnancy						19	
6	Parents don't discuss sexuality with teenagers						20	
7	The media encourages teens to experiment sex.						21	
8	Pregnant learners do not complete their schooling						22	
9	Pregnant teenagers are mostly absent from school						23	
10	Most pregnant learners commit suicide.						24	
11	Pregnant learners develop low-self-esteem						25	
12	These learners mostly opt for abortion.						26	
13	The family of the pregnant learner suffers the most.						27	
14	Pregnant teens are at much higher risk of having serious medical complications						28	
15	Teenage pregnancy causes tension amongst families						29	

SECTION C: Perceptions on teenage pregnancy

		1	2	3	4	5		
1	Pregnant learners should be expelled from school						30	
2	It is difficult to monitor their work when they are at home						31	
3	Parents should openly discuss sex with teens						32	
4	Schools should provide professional help for pregnant learners						33	
5	Condoms should be distributed at school						34	
6	Schools should introduce sex education						35	
7	Schools should provide care givers for pregnant learners.						36	
8	No learner should be re-admitted in the same year that they left school due to a pregnancy						37	
9	Pregnant learner should receive tasks during her period of absence from school						38	
10	The Department provides help for this learners						39	
11	The Department provides clear guidelines on teenage pregnancy						40	
12	Parents work hand in hand with schools to curb teenage pregnancy						41	
13	Educators are well equipped to deal with teenage pregnancy						42	
14	The Department of Health and Social Development should provide a professional nurse or social worker assigned to service a cluster of schools						43	
15	Absence of sex education in schools contribute to teenage pregnancy						44	

SECTION D : SKILLS FOR MANAGING TEENAGE PREGNANCY

Please rate your competencies regarding management of teenage pregnancy by evaluating each of the skills against the following competency scale:

Competency scale:

- 1 – Very competent
- 2 - Competent
- 3 - Undecided
- 4 - Not really competent
- 5 - Not competent at all

		1	2	3	4	5		
1	Development of teenage pregnancy policy						45	
2	Keeping and maintaining a record of pregnant learners						46	
3	Handling delivery of babies at school						47	
4	Arranging child grant for the newly born baby						48	
5	Monitoring performance of pregnant learners						49	
6	Counseling of learners on their roles and responsibilities as teenage parents						50	
7	Knowledge of national measures for the prevention and management of learner pregnancy						51	
8	Implementation of the measures						52	
9	Parental involvement						53	
10	Training of staff on national policy for teenage pregnancy						54	
11	Working closely with health centers and local government to address health needs of teenagers						55	
12	Prevention of teenage pregnancy						56	
13	Knowledge of sexuality education						57	
14	Providing professional help for pregnant learners						58	
15	Providing platform through which teenage mothers meet, share experiences, ideas, air out their views, play and plan for their future						59	

APPENDIX F: INTERVIEW SCHEDULE FOR SMT MEMBERS

INTERVIEW SCHEDULE FOR SMT MEMBERS

Preamble

The following interview schedule will be used to collect relevant data during the interview. The schedule will be used as a guide during the interview. Participants will be allowed to discuss their experiences regarding teenage pregnancy in their schools.

Opening Remarks

The participant is welcomed:

- Anonymity, confidentiality are confirmed, and it is indicated that his/her name will not be revealed in any way.
- Permission is requested from participant to record interview on tape.
- Participant is informed that he/she can refuse to answer any question or discontinue at anytime during the interview.
- The research objectives are briefly explained.

Individual Interview

Questions

1. Knowledge about Measures for the Prevention and Management of Learner Pregnancy in Public Schools.
 - 1.1. Do you have this Guideline?

Probe:

If not, have you ever heard about it?

If yes, are you implementing it in your school?

2. Do you have teenage pregnancy policy in your school?
3. How do you deal with pregnant learners?
4. Is there any programme that focuses on pregnant learners, that is helping them when they are on maternity leave and when they come back to school?
5. Do you help teenage mothers with application for child grant?
6. In case of pregnant learners who become ill at school, how do you deal with them?
7. What is your perception regarding teenage pregnancy in schools?

Probe:

How does teenage pregnancy impact on the:

- School performance
- School attendance

APPENDIX G: CERTIFICATE FROM EDITOR



To whom it may concern:

This document certifies that the dissertation whose title appears below was edited for proper English language usage, grammar, punctuation, spelling, and overall style by Rose Masha who is a member of the Professional Editors' Group and whose academic qualifications appear in the footer in this document.

DISSERTATION TITLE:

**MANAGING TEENAGE PREGNANCIES AT SECONDARY SCHOOLS IN THE
VHEMBE DISTRICT, LIMPOPO**

AUTHOR:

RICHARD MASHUDU RAMULUMO

DATE EDITED:

11 December 2014

Editor's comment

The author has been advised to effect suggested corrections with regards to clarity of meaning, punctuation and minor referencing errors.

Bachelor of Library and Information Science, Hons (English Language Teaching), HDE,
MA (Hypermedia in Lang. Learning)